

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY039 Date of Visit: 7/22/22

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

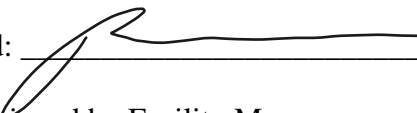
1. WO#'S , 18037-18062 , 18083 , 18084 ,
2. 18170-18174 , 18183 , 18195 , 18221
3. ASSET#'S , 9903-9928 , 9932 , 9935-9938 ,
4. 9942 , 9948 , 190917-, 255-262 , 269 , 246 ,
5. 247

-----

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/22/22

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SSGT MIKE SHIFFLETT Date: 7/22/22

Signed: 

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**ISOLATION VALVE**

**SITE AND BLDG #:** NY039 BLDG1

**MECHANIC  
SIGNATURE:** 

**DATE:** 7/22/22

**LOCATION/RM #:** boiler room

**WO#** 18183

**ASSET #** 190917-261

**START TIME:** 12:30pm

**FINISH TIME:** 12:45pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect valve for damage and/or leaks.			
2	Exercise valve (at least 2 times per year) to ensure proper function. If valve does not function properly and/or leaks, open CM ticket for repair. Note the location of the valve.			

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**