CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE

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

FACID/Building: ___NY051_____ Date of Visit: _____

Contractor Personnel on Site:

1. __Patrick Brown_____   3. _____

2. _____   4. _____

Work Performed:

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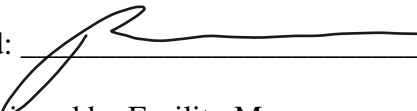
1. _____

2. _____

3. _____

4. _____

5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: __Patrick Brown_____ Date: _____

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: __JUSTIN DRINKWINE_____ Date:_____

Signed: _____

E-Mail: _____

CMI Management Inc.

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ISOLATION VALVE

SITE AND BLDG #: NY051 BLDG1

MECHANIC SIGNATURE:

DATE: 8/9/22

LOCATION/RM #: mechanical room

WO# 18594

ASSET # 190917-284

START TIME: 11am

FINISH TIME: 11:30am

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 perfomed by: General Maintenance Worker

Additional Notes: