

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 11/3/22

Contractor Personnel on Site:

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

Work Performed:

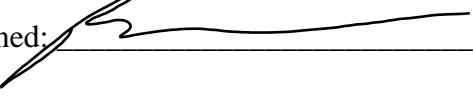
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 19506 , 19427 , 19440 , 19586-19592 , 19695 , 19707 ,
2. 19719 , 19507 , 19593-19595 , 19720 , 19508 , 19596 , 19597
3. ASSET#'S , 10612 , 10559 , 10560 , 10566-10568 , 10613 ,
4. 10614 , 10551 , 10636-10638 , 10643 , 10644 , IL- , 55,56,57 ,
5. 190917-, 450,430,431,432,433,446,449,455 ,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: PATRICK BROWN Date: 11/3/22

Signed: 

11/3/22

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: J Thomas, AI SFC Date: 11/3/22

Signed: 

E-Mail: /

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ISOLATION VALVE

SITE AND BLDG #: **NY067 BLDG1**MECHANIC
SIGNATURE: DATE: **11/3/22**

boiler room

LOCATION/RM #: **WO# 19719 ASSET # 190917-430**START TIME: **12:30pm**FINISH TIME: **12:15pm**

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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: