

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 2/9/22

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 , 15633-15644 , 15737 , 15782-15784 , 15851 , 15865 ,
2. 15785 , 15786 , 15866 , 15787 , 15788 , 15867
3. ASSET#'S , 10570-10581 , 10612 , 10622-10622 , 10639 , 10640 ,
4. 10645 , 10646 , 190917-, 450 , 421 , 454 , 461
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/9/22

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: AMMIE MEARERO Date: 2/9/22

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
KITCHEN HOOD

ACTIVITY AND BLDG #: NY067 BLDG1

MECHANIC SIGNATURE:  DATE: 2/9/22

LOCATION/RM #: kitchen WO# 15634 ASSET # 10571

START TIME: 7:30am FINISH TIME: 8am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Clean all accessible surfaces thouroughly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	surfaces are clean
2	Check all louvers and dampers. If dampers must be moved to ensure complete cleaning, ensure they will be marked and returned to their original position to prevent unbalancing the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	louvers and dampers are good
3	Clean and/or replace filters, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	filters are clean
4	Enure unit is operating properly, not any deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no deficiencies

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: