

## CERTIFICATION OF WORK

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

FACID/Building: White Plains MD066 Date of Visit: 1/24/2020

Contractor Personnel on Site:

1. Patrick Donovan 2. \_\_\_\_\_

### Work Performed:

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

1. 11529, 11530, 11531, 11533, 11535

### Service Calls – Service Call Number and Description

1. CSS#
2. CSS#
3. CSS#

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 1/24/2020

Signed: Patrick Donovan

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: SFC WILLIAMS, D

Date: 24 Jan 20

Signed: [Signature]

E-Mail: david.c.williams2.mil@mil

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**PLUMBING FIXTURES**

SITE AND BLDG #: *White Plains*

LOCATION/RM #: *0ms #1*   WO# *16229*   ASSET # *MD66-3227*

MECHANIC SIGNATURE: *[Signature]*

DATE: *1/22/2020*

START TIME: *9:00*

FINISH TIME: *9:15*

ITEM	DEFECTIVE CONDITION	REASON	NOTES
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered.	✓	
2	SINKS - Operate faucets, inspect for leaks, replace washers/"O" rings as necessary. Observe drain flow, clean trap if obstructed. Replace filter as needed.	✓/A	
3	SHOWER HEADS, MIXING VALVES - Check shower for damaged, missing, or leaking heads; replace as required. Check mixing valves for damaged or missing parts; replace washers as needed.	N/A	
4	TOILETS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps, seat supports, and replace.	✓/A	
5	URINALS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps and replace.	✓/A	
6	OTHER MISCELLANEOUS FIXTURES - Clean and inspect for any damage. Check for leaks, missing or damaged parts, caps, etc. Replace as needed.	✓ <i>Eye wash station</i>	<i>No leaks detected</i>

**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:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
PLUMBING FIXTURES

SITE AND BLDG #: *White Plains NY066*

MECHANIC SIGNATURE: *[Signature]*

DATE: *1/20/2020*

LOCATION/RM #: *Streets*   WO# *11529*   ASSET #

START TIME: *8:30*

FINISH TIME: *11:00*

ITEM	DESCRIPTION	INSPECTED	TESTED	NOTES
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered.	✓		
1	SINKS - Operate faucets, inspect for leaks, replace washers, "O" rings as necessary. Observe drain flow, clean trap if obstructed. Replace filter as needed.			
2	SHOWER HEADS, MIXING VALVES - Check shower for damaged, missing, or leaking heads; replace as required. Check mixing valves for damaged or missing parts; replace washers as needed.		U/A	
3	SHOWER STALLS - Check for leaks, cracks, significant wear or vandalism.		U/A	
4	TOILETS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps, seat supports, and replace.		U/A	
5	URINALS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps and replace.		U/A	
6	OTHER MISCELLANEOUS FIXTURES - Clean and inspect for any damage. Check for leaks, missing or damaged parts, caps, etc. Replace as needed.	✓		<i>No leaks on any valves/valve</i>

**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:**

*Asset# 173 Mech Rm ✓*

*174 Mech Rm ✓*

*175 Mech Rm ✓*

*189 - Mech Rm ✓*

*190 Mech Rm ✓*

*Asset# 328 OMS#1 ✓*

*329 OMS#2 ✓*

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**EXPANSION TANKS**

**SITE AND BLDG #:** White Prairie MDO66 **MECHANIC SIGNATURE:**  **DATE:** 1/15/2020  
**LOCATION/RM #:** Mechanical Room **WO#** 11529 **ASSET #** MDO6-184 + 185 **START TIME:** 9:15 **FINISH TIME:** 9:35

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
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"/>		
1	Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed.	<input checked="" type="checkbox"/>		
2	Ensure level is between 1/2 and 3/4 sight glass. Correct as needed.	<input checked="" type="checkbox"/>		<i>Done / No leaks detected</i> <i>Done / No leaks detected</i>

**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:**

*Asset 183 ✓  
184 ✓  
185 ✓*

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**CHEMICAL BYPASS/POT FEEDER**

**SITE AND BLDG #:** White Plains MD066

**LOCATION/RM #:** Mechanic Room **WO#** 11529 **ASSET #** MD66-177-193-

**MECHANIC SIGNATURE:**   
**DATE:** 11/5/2020

**START TIME:** 8:25 **FINISH TIME:** 8:40

<b>CHECK POINT</b>	<b>CHECKPOINT DESCRIPTION</b>	<b>TASK COMPLETE</b>		<b>NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</b>
		<b>YES</b>	<b>NO</b>	
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"/>	<u>Done</u>
1	Check physical condition of feeder. Clean and/or repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
2	Check valves for proper operation. Ensure no leaks are present and repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>

**Note:** The technician shall perform any repairs identified during P.M 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:**

**Asset #** 177   
193   
194

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**PLUMBING FIXTURES**

**SITE AND BLDG #:** White Plains MD066

**MECHANIC SIGNATURE:** 

**DATE:** 1/14/2020

**LOCATION/RM #:** Various Location **WO#** 11529 **ASSET #** MD066-374

**START TIME:** 8:20

**FINISH TIME:** 1:30

ITEM	DESCRIPTION	NOTES
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered.	<input checked="" type="checkbox"/>
1	SINKS - Operate faucets, inspect for leaks, replace washers/"O" rings as necessary. Observe drain flow, clean trap if obstructed. Replace filter as needed.	<input checked="" type="checkbox"/>
2	SHOWER HEADS, MIXING VALVES - Check shower for damaged, missing, or leaking heads; replace as required. Check mixing valves for damaged or missing parts; replace washers as needed.	<input checked="" type="checkbox"/>
3	SHOWER STAILS - Check for leaks, cracks, significant wear or vandalism.	<input checked="" type="checkbox"/>
4	TOILETS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps, seat supports, and replace.	<input checked="" type="checkbox"/>
5	URINALS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps and replace.	<input checked="" type="checkbox"/>
6	OTHER MISCELLANEOUS FIXTURES - Clean and inspect for any damage. Check for leaks, missing or damaged parts, caps, etc. Replace as needed.	<input checked="" type="checkbox"/>

**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:**