

CERTIFICATION OF WORK

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

FACID/Building: *White Plains MD066* Date of Visit: *2/24/20*

Contractor Personnel on Site:

1. *Patrick Donovan* 2.

Work Performed:

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

1. *11686, 11694, 11695, 11698, 11711, 11712*

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: *2/24/20*
Signed: *[Signature]*

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: *Martine Edgen CPT* Date: *24 Feb 20*

Signed: *[Signature]*

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **REACH-IN REFRIGERATORS/ FREEZERS**

SITE AND BLDG #:

White Plains MD Office

MECHANIC SIGNATURE:



DATE:

2/12/20

LOCATION/RM #:

Warehouse

WO#

116918

ASSET #

551

START TIME:

12:30

FINISH TIME:

1:15

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
1	De-energize, lock out, and tag electrical circuits.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Verify indicator light on; check compartment temperature.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Examine evaporator for proper clearances/slope and air flow.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Examine handles, hinges and tightness of door closure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Examine safety door release and fan shut down safety switch.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Inspect lighting for burnt out lamps.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Check starter panels and controls for proper operation, burned or loose contacts, and loose connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Clean condenser coil and condensing unit section.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	Clean and inspect defrost evaporation trays/pans.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	Inspect defrost systems for proper operation, including timer; adjust as required. Have automatic defrosters adjusted as required so freezer will defrost during "Off Peak" hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	Check operation of thermostats; calibrated as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13	Check coil superheat and adjust to manufacturer's recommendations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14	Inspect and service all electric motors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15	Inspect door gaskets for damage and proper fit; adjust gaskets as required and lubricate hinges with food grade oil.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16	Check door gasket heater.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17	Check box floor for water or ice accumulation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18	Check box for excessive ice build-up and open seams.	<input checked="" type="checkbox"/>	<input 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

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

LIGHTING ~~OUTSIDE~~

inside of Motion Sensors

SITE AND BLDG #: White Plains MD 066MECHANIC
SIGNATURE: _____DATE: 6/12/20LOCATION/RM #: Throughout Bldgs WO# 11693 ASSET # see memoSTART TIME: 10:15FINISH TIME: 12:00

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Schedule and coordinate work with operating personnel.	✓		
2	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect lighting contactor for pitting or arcing -report issues	✓		
2	Inspect visual condition of wiring. Look for evidence of overheating.	✓		
3	Check for proper light operation.	✓		
4	Test operation of automatic switches/ time clock/ photocells if applicable.	✓		
5	Inspect light pole and mounting devices for deficiencies.	✓		
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	✓		

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:

638 ✓
639 ✓
640 ✓

541 + 542 Motion Sensors ✓

should be 538, 539, 540

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **DOMESTIC HOT WATER HEATER - GAS**

SITE AND BLDG #: White Plains MD066

MECHANIC

SIGNATURE: [Signature]DATE: 2/11/2020LOCATION/RM #: Mechanical Rm. WO# 11698 ASSET # MD66-MD66-168 + 552START TIME: 9:30FINISH TIME: 10:10

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.	✓		
2	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.	✓		
3	Do not allow any open flames around equipment.	✓		
TO BE PERFORMED BY EACH INSPECTION SERVICE				
1	Attach drain hose. Drain several gallons from tank to remove sediment.	✓		done
2	Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge.	✓		done/good
3	Check all connections - electric, gas and water. Tighten as necessary.	✓		done
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses.	✓		done
5	Clean Water heater shell and Report any leaks.-Open CM	✓		done/no leaks
6	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.	✓		done
7	If applicable. Remove and inspect Anode, replace if necessary	✓	N/A	
8	Clean up work area and remove trash.	✓		done

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 #168 Mech.Rm ✓

552 OMS Mech.Rm ✓

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST TANKS, WATER STORAGE

SITE AND BLDG #: White Plains MD 066
 LOCATION/RM #: Mechanical Room WO# 11698 ASSET # 167

MECHANIC SIGNATURE: [Signature] DATE: 2/12/20
 START TIME: 9:15 FINISH TIME: 9:30

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
2	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"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Examine exterior of tank including fittings, manholes, and handholes for leaks, signs of corrosion, and correct as indicated.	<input checked="" type="checkbox"/>		
2	Inspect structural supports and repair or replace damaged insulation or covering. If insulation contains asbestos and is damaged or eroded, it is considered a hazardous waste.	<input checked="" type="checkbox"/>		
3	Clean, test and inspect sight glasses, valves, fittings, drains, and controls.	<input checked="" type="checkbox"/>		
4	Clean up work site.	<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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: