

### 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: *Martinez Edgen CPT* Date: *24 Feb/20*  
Signed: *[Signature]*  
E-Mail:

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST VAV BOX

SITE AND BLDG #: White Plains MDC66MECHANIC  
SIGNATURE: [Signature]DATE: 2/24/20LOCATION/RM #: Thermostat Bldg WO# 11712 ASSET # 246-247  
248 -274START TIME: 9:30FINISH TIME: 1:30

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"/>	<input type="checkbox"/>	
TO BE PERFORMED BY EXTENDING/24 HRS SERVICE				
1	If EMS system permits, check that the operating controls activate damper per design specifications.-	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Record CFM AIR FLOW <u>30</u>
2	If required, check damper linkage for tightness and lightly lubricate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
3	If required, inspect dampers for free movement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
4	If required, inspect actuators for tightness to mounting brackets.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
5	As needed, tighten electrical connections to servo motor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
6	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>

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: HVAC Technician

## Additional Notes:

No Alarms on any of the VAV, VEV, CAV or CEV Boxes