

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 7/19/22

Contractor Personnel on Site:

1. Patrick Brown 3. _____
2. _____ 4. _____

Work Performed:

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

1. WO#'S , 17878-17886 , 18133-18136 , 18181 ,
2. 18193 , 17887-17892 , 18137 , 18138 , 18182
3. ASSET#'S , 9231-9239 , 9215 , 9246 , 9248 ,
3. 9249 , 9255-9260 , 9251 , 9264 , 190917- ,
4. 120-123 , 131 , 142
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/19/22

Signed: 

To be signed by Facility Manager:

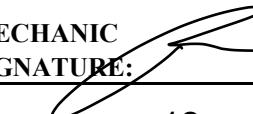
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Mike McCarthy Date: 7/19/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
PLUMBING FIXTURES

SITE AND BLDG #: **NY013 BLDG2**LOCATION/RM #: **BLDG2** WO# **17887-17892** ASSET # **9255-9260**MECHANIC
SIGNATURE: DATE: **7/19/22**START TIME: **12pm**FINISH TIME: **1pm**

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|---------------|----|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 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. | ✓ | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 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. | ✓ | | |
| 3 | SHOWER STALLS - Check for leaks, cracks, significant wear or vandalism. | ✓ | | |
| 4 | TOILETS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps, seat supports, and replace. | ✓ | | |
| 5 | URINALS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps and replace. | ✓ | | |
| 6 | OTHER MISCELLANEOUS FIXTURES - Clean and inspect for any damage. Check for leaks, missing or damaged parts, caps, etc. Replace as needed. | ✓ | | |

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: