

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 4/7/23

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 , 21682 , 21702 , 21703 , 21726 , 21683 ,
2. 21710 , 21727 , 21729 , 21684 , 21728
3. ASSET#'S , 190917-,
4. 677,678,685,684,724,712,728,729 , IL-65 , IL-66 ,
5. IL-67

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**CERTIFICATION OF WORK**

To be signed by the Contractor:


Print Name: Patrick Brown Date: 4/7/23

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: LARS LUFFMAN Date: 4/7/23

Signed: 

E-Mail: \_\_\_\_\_

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### OIL WATER SEPARATOR

SITE AND BLDG #: NY127 BLDG2

MECHANIC  
SIGNATURE: 

DATE: 4/7/23

LOCATION/RM #: mov parking

WO# 21729

ASSET #190917-728

START TIME: 10am

FINISH TIME: 10:30am

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	OIL LAYER - If possible, measure the surface oil layer in the oil water separator and record depth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	SOLID ACCUMULATION - If possible, measure the solid accumulation in the bottom of the oil water separator and record.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Recommend whether oil water separator needs to be cleaned.	<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 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:**