

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 9/29/22

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 , 18812 , 18813 , 18868-18870 , 18935 ,
2. 19111-19114 , 19155 , 19162 , 19171 , 18936 , 19001 ,
3. 19172
4. ASSET#'S , 9218 , 9219 , 9209-9211 , 9216 , 9265 ,
5. 190917-, 131 , 133 , 134 , 104-118 , 138-140 , IL-, 12 , 13

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/29/22

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: Ron Vogn Date: 9/29/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
OUTDOOR CONDENSING UNIT

SITE AND BLDG #: **NY013 BLDG1&2**LOCATION/RM #: **BLDG1&2** WO# **19171**, ASSET # **190917-114-118, 19172**MECHANIC
SIGNATURE: DATE: **9/29/22**START TIME: **12pm**FINISH TIME: **12:30pm**

| CHECK POINT | CHECKPOINT DESCRIPTION | 140 | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|-----|---------------|----|---|
| | | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | | |
| 1 | Schedule outage of unit with personnel in area the unit serves. | ✓ | | | |
| 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. | ✓ | | | |
| 3 | If disposal of the equipment is required, follow regulations concerning removal of refrigerants and disposal of the unit. | ✓ | | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | | |
| 1 | Remove debris from air screen and clean underneath unit. | ✓ | | | |
| 2 | Wash coil with coil cleaning solution - Rinse Thoroughly | ✓ | | | |
| 3 | Straighten fin tubes with fin comb, as needed. | ✓ | | | |
| 4 | Check electrical connections for tightness. | ✓ | | | |
| 5 | Check mounting base for tightness. | ✓ | | | |
| 6 | Inspect fans for bent blades, unbalance, excessive noise and vibrations. | ✓ | | | |
| 7 | Inspect all piping for leaks and tighten loose connections. | ✓ | | | |
| 8 | Check wires at condenser electrical fused safety switches for tightness and burned insulation. Repair as necessary. | ✓ | | | |
| 9 | Check supply air temperature to ensure unit is operating properly. If possible record room temperature and Humidity | ✓ | | | Room temp _____ Room Humidity _____ % |
| 10 | Inspect unit for overall condition and recommend for replacement or other needed repairs. | ✓ | | | |
| 11 | Clean up work area. | ✓ | | | |

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: