

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 2/16/22

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, 15696 - 15699 , 15801-15804 , 15847 , 15805 , 15806
2. ASSET#'S , 9223 , 9224 , 9228 , 9230 , 9215 , 9246 , 9248 , 9249 ,
3. 9251 , 9265 , 190917-131
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

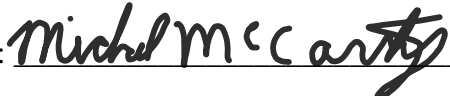
Print Name: Patrick Brown Date: 2/16/22

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: MR MCCARTHY Date: 2/16/22

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### OVEN

ACTIVITY AND BLDG #: NY013 BLDG1

MECHANIC  
SIGNATURE: 

DATE: 2/16/22

LOCATION/RM #: kitchen WO# 15696,15697 ASSET # 9223,  
9224

START TIME: 8AM

FINISH TIME: 8:15am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Notify cafeteria operator and get permission prior to performing all maintenance.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	De-energize, lock out, and tag electrical circuits and fuel service.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no deficiencies noted
2	Check all controls, mechanisms for proper operation; adjust as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	controls function properly
3	Examine utility supply line, piping, valve packing, specialties, and insulation; look for leaks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no leaks found
4	Check electric power line condition, switch, disconnect, etc.; or check condition of gas supply, valves, regulators, and inspect pilot, check for Gas leaks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are good
5	Check the operation of thermostats; calibrate if required	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	thermostat is correct
6	Clean and adjust gas burners.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	gas burners burn correctly
7	Check safety pilot and solenoid.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	solenoid functions properly
8	Clean and adjust pilot light assembly.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	pilot light and assembly are good
9	Check flue for proper draft or obstructions.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no obstructions
10	Lubricate gas valves.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
11	Clean interior walls and elements to obtain maximum heat transfer.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	walls and elements are clean
12	Check gaskets and seals; check doors for tightness and warping; lubricate hinges and repair as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	gaskets and hinges are good
13	Examine handles, knobs and controls for tightness and safe condition.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are tight

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:**