

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 2/18/22

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 , 15845 , 15868 , 15873 , 15852 , 15869 , 15874 ,
2. 15870 , 15875
3. ASSET#'S , 190917- , 646 , 648 , 649 , 653 , 654 , 656 , 657 ,
4. 661 , 684 , 602 , 621 , 644 , 724 , 712 , 687 , 729 , 732
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/18/22

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: LARS LUFFMAN Date: 2/18/22

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

OVEN

 ACTIVITY AND BLDG #: NY127 BLDG1

 MECHANIC SIGNATURE:  DATE: 2/18/22

 LOCATION/RM #: kitchen WO# 15845 ASSET # 190917-654 START TIME: 9:30am FINISH TIME: 10am

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: