

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 4/19/23

Contractor Personnel on Site:

- |                       |          |
|-----------------------|----------|
| 1. <u>Andy Hunold</u> | 3. _____ |
| 2. _____              | 4. _____ |

**Work Performed:**

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

- |   |
|---|
| 1. <u>WO#'S 22162, 22349, 22350, 22378, 22379, 22406, 22629, 22630,</u>         |
| 2. <u>22631, 22632, 22633, 22634, 22644, 22653, 22659, 22678, 22407, 22473,</u> |
| 3. <u>22635, 22679, 22408, 22680</u>  |
| 4. <u>ASSET#'S 190917-248, 9891, 9896, 9932, 9935, IL-31, 9893, 9894, 9895,</u> |
| 5. <u>9896, 9897, 9931, 190917-245, 190917-269, 190917-264, 190917-267,</u>     |
| <u>190917-270, IL-32, 9943, 9939, 190917-274, IL-33, 190917-275</u>             |

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### UNIT HEATER, ELECTRIC

**SITE AND BLDG #:** NY039-01 Mattydale

**MECHANIC  
SIGNATURE:** 

**DATE:** 6/29/23

**LOCATION/RM #:** 1106      **WO#** 22633      **ASSET #** 9897

**START TIME:** 1447

**FINISH TIME:** 1457

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.	X		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check heater coils and assoicated piping for leaks or corrosion.	X		
2	Clean heating coil. Brush vaccum where accessible.	X		
3	Inspect wiring and electrical controls for loose connections, charred, frayed or broken insulation, evidence of short circuiting, wrong size fuses, circuit breakers, or switches, and other electrical deficiencies. Tighten any loose connections.	X		
4	Inspect fan for bent blades, unbalance, excessive noise and vibration.	X		
5	Check motor and fan shaft bearings for noise, vibraton, overheating; lubrucate bearings.	X		
6	Verify proper control by modulating the thermostat through complete cycle.	X		
7	Inspect unit for proper operation.and associated T-Stat	X		
8	Inspect unit for overall condition and recommend for replacement or other needed repairs.	X		

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: HVAC Technician

**Additional Notes:**