

**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

SUMP PUMP

SITE AND BLDG #: NY039-01 Mattydale

**MECHANIC
SIGNATURE:** 

DATE: 6/29/23

LOCATION/RM #: Boiler Rm. **WO#** 22659 **ASSET #** 190917-264

START TIME: 1500

FINISH TIME: 1517

| 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 | | |
| 2 | Excessive sediment and debris, not removed by flushing the pit should be handled on a project basis, and not considered under this standard. | X | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Remove cover plates and flush pit. | X | | |
| 2 | Inspect check valve. | X | | |
| 3 | Inspect interior of pit for cracks. | X | | |
| 4 | Inspect cover plate is in place | X | | |
| 5 | Insuure the unit is operating properly, report any deficiencies | X | | |
| 6 | Clean up work area and remove all debris. | 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: General Maintenance Worker

Additional Notes: