

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 9/20/22

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

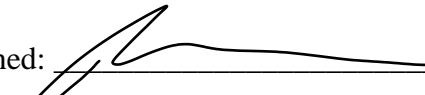
**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 18767-18770 , 18834 , 18835 , 18902 , 18903 ,
2. 18955 , 19017-19019 , 19149 , 19158 , 19180 , 18836 , 18837 ,
3. 18956 , 18988 , 19020 , 19021
4. ASSET#'S , 10051-10053 , 10064 , 10035 , 10036 , 10066 ,
5. 10069 , 10046 , 10073 , 10077 10080 , 10073 , 10077 ,
6. 190917-, 276 , 291 , 294 , 299 , 278 , IL-, 36 , 37

**CERTIFICATION OF WORK**

To be signed by the Contractor:


Print Name: Patrick Brown Date: 9/20/22

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: SGT Tanner, Shane Date: 20 Sept 22

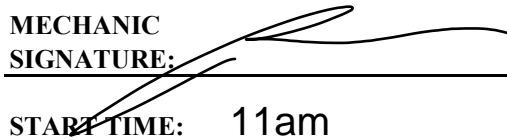
Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### PTAC

**SITE AND BLDG #:** NY051 BLDG2  
**LOCATION/RM #:** oms office **WO#** 19021 **ASSET #** 10077

**MECHANIC SIGNATURE:**  **DATE:** 9/20/22  
**START TIME:** 11am **FINISH TIME:** 11:30am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Schedule shutdown with operating personnel, as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	As needed, de-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. Follow lock out/tag out procedures at all times.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Clean the filter with a vacuum or running water. Inspect filter quarterly, replace/clean as needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Remove the front grille and clean it with a dampened cloth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Inspect the control panel door and plug. Repair deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Check the caulking around the PTAC wall sleeve to make sure all air and water openings are properly sealed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Check that condensate drains properly. Remove any debris/blockages.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Clean condenser coils with proper coil cleaner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Place drain pan cleaner tablet in the basepan to inhibit bacteria growth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Check clearance around the HVAC unit to ensure that the intake air and discharge air paths are not blocked or restricted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Clean up work area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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:**