

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 7/26/22

Contractor Personnel on Site:

1. Patrick Brown      3. \_\_\_\_\_  
2. \_\_\_\_\_      4. \_\_\_\_\_

**Work Performed:**

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

1. WO#'S , 17768-17790 , 18069 , 18114-18116 , 18187 ,  
2. 18197 , 18211 , 17791-17796 , 18117 , 18118 , 18188 ,  
3. 18212 , 18119 , 18120 , 18213  
4. ASSET #'S , 10582-10584 , 10586-10593 , 10596-10607 ,  
5. 10612 , 10620-10622 , 10630-10635 , 10639 , 10640 ,  
10645 , 10646 , 190917- , 438-445 , 450 , 421 , 457 , 454 ,  
461 ,

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/26/22

Signed: 

To be signed by Facility Manager:

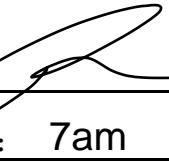
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: CONNERY ZALESKI Date: 7/26/22

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**PLUMBING FIXTURES**

SITE AND BLDG #: **NY067 BLDG1**LOCATION/RM #: **BLDG1** WO# **17768-17790** ASSET # **see below**  
**18187**MECHANIC  
SIGNATURE: DATE: **7/26/22**START TIME: **7am**FINISH TIME: **8am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered.	✓		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	SINKS - Operate faucets, inspect for leaks, replace washers/"O" rings as necessary. Observe drain flow, clean trap if obstructed. Replace filter as needed.	✓		
2	SHOWER HEADS, MIXING VALVES - Check shower for damaged, missing, or leaking heads; replace as required. Check mixing valves for damaged or missing parts; replace washers as needed.	✓		
3	SHOWER STALLS - Check for leaks, cracks, significant wear or vandalism.	✓		
4	TOILETS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps, seat supports, and replace.	✓		
5	URINALS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps and replace.	✓		
6	OTHER MISCELLANEOUS FIXTURES - Clean and inspect for any damage. Check for leaks, missing or damaged parts, caps, etc. Replace as needed.	✓		

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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

**ASSET#'S**

10582-10593,

10596-10607,

190917-, 438-445

**several of these assets are under construction and are not in service at this time**