

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 3/15/22

Contractor Personnel on Site:

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

**Work Performed:**

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

1. WO#'S, 16316 , 16389 , 16390 , 16411 , 16412 , 16573 , 16577 ,
2. 16591 , 16604 , 16441
3. ASSET#'S, 9891 , 9896 , 9932 , 9935 , 9943 , 190917-, 248 , 269 ,
4. 264 , 249 ,
5.

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

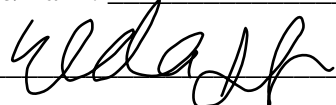
Print Name: Patrick Brown Date: 3/15/22

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.JEANJULIEN Date: 3/15/22

Signed: 

E-Mail:

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### SUMP PUMP

SITE AND BLDG #: NY039 BLDG1

MECHANIC  
SIGNATURE: 

DATE: 3/15/22

boiler room

LOCATION/RM #: LOCATION/RM #: WO# 16591 ASSET #190917-264 START TIME: 10:15am FINISH TIME: 10:30am

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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Excessive sediment and debris, not removed by flushing the pit should be handled on a project basis, and not considered under this standard.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove cover plates and flush pit.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	pit is clear
2	Inspect check valve.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	check valve functions properly
3	Inspect interior of pit for cracks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no cracks
4	Inspect cover plate is in place	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	cover plate is good
5	Insuure the unit is operating properly, report any deficiencies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	unit functions properly
6	Clean up work area and remove all debris.	<input checked="" type="checkbox"/>	<input checked="" 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:**