

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 8/22/22

Contractor Personnel on Site:

1. Patrick Brown 3. _____
2. _____ 4. _____

Work Performed:

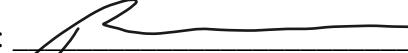
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 18294 , 18307 , 18389-18395 , 18511 , 18512 ,
2. 18584 , 18596 , 18609 , 18610 , 18666 , 18396-18398 , 18597 ,
3. 18611 , 18667 , 18399 , 18400 , 18668
4. ASSET#'S , 10568 , 10612 , 10559 , 10560 , 10566-10568 ,
5. 10613 , 10614 , 10608 , 10609 , 10636-10638 , 10643 , 10644 ,
IL-55-57 , 190917-, 450 , 430-434 , 446 , 449 , 447 , 452 , 455 ,
458 , 459

CERTIFICATION OF WORK

To be signed by the Contractor:

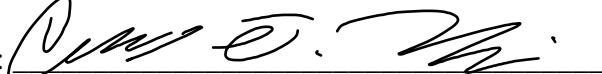
Print Name: Patrick Brown Date: 8/22/22

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: 8/22/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
TANKS, WATER STORAGE

SITE AND BLDG #: **NY067 BLDG1**MECHANIC
SIGNATURE: DATE: **8/22/22**LOCATION/RM: **boiler room** WO# **18596** ASSET # **190917-446**START TIME: **11:45am**FINISH TIME: **12pm**

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 type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Examine exterior of tank including fittings, manholes, and handholes for leaks, signs of corrosion, and correct as indicated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Inspect structural supports and repair or replace damaged insulation or covering. If insulation contains asbestos and is damaged or eroded, it is considered a hazardous waste.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Clean, test and inspect sight glasses, valves, fittings, drains, and controls.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Clean up work site.	<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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: