CERTIFICATION OF WORK
**PREVENTIVE MAINTENANCE**

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

FACID/Building: __NY067_____ Date of Visit: _____4/6/23_____

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 , 21535 , 21536 , 21537 , 21612 , 21675 , 21699 , 21700 ,
2. 21709 , 21723 , 21538 , 21539 , 21540 , 21599 , 21676 , 21701 ,
3. 21724 , 21677 , 21725
4. ASSET#'S , 10561 , 10562 , 10563 , 10612 , 10626 , 10627 ,
5. 10629 , 190917-, 435,436,437,453,450,421,456,454,461 , IL-55 , IL-56 , IL-57

-------------------------------------------------------------------------------------------------------------

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: __Patrick Brown_____ Date: __4/6/23_____

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: __Noah Ingerson_____ Date: ____4/6/23_____

Signed: _____

E-Mail: _____

CMI Management Inc.

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
## THERMOSTATS

**SITE AND BLDG #:** NY067 BLDG2

**LOCATION/RM #:** BLDG2     **WO#** 21538 **ASSET #** 10626

**MECHANIC SIGNATURE:**     **DATE:** 4/6/23

**START TIME:** 9:30am     **FINISH TIME:** 10am

| 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. | ✓ | | |
| | **TO BE PERFORMED AT EACH INSPECTION SERVICE** | | | |
| 1 | If EMS (Energy Management System) If it is EMS controlled 1-We log into computer with user name and password for EMS or DDC obtained from site personnel.  2-Vailidate set point and actual temp at computer | ✓ | | |
| 2 | Review all zone set points at the server IF Applicable | ✓ | | |
| 3 | Inspect thermostat installation; ensure mounting is correct, fastened secure and that the thermostat is not blocked by equipment generating heat or furniture blocking air circulation. | ✓ | | |
| 4 | Remove thermostat cover and lightly blow away any accumulated dust with canned low pressure air. | ✓ | | |
| 5 | If applicable, replace battery as needed. | ✓ | | |
| 6 | Use our own Temperature meter to validate the computer is correct. If it is not EMS or DDC controlled take our temperature meter and check against actual thermostat and record tempature | ✓ | | **Record Temp** 75 * **Humidity** 48 % |

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 perfomed by: HVAC Technician

**Additional Notes:**