

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 9/26/22

Contractor Personnel on Site:

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

**Work Performed:**

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

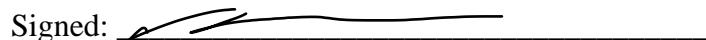
1. WO#'S , 18740 , 18795 , 18796 , 18851-18855 , 18908 , 18974 ,
2. 18995 , 18896 , 19074-19078 , 19151 , 19159 , 19183 , 18797 ,
3. 18975 , 18997 , 18976 ,
4. ASSET#'S , 10564 , 10565 , 10547-10550 , 10558 , 10612 ,
5. 10610 , 10615 , 10628 , 10641 , 190917-, 423 , 424 , 427 , 428 ,
- 420 , 450 , 422 , IL-, 55 , 56 , 57

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/26/22

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: Amelia MVR FC8 Date: 9/26/22

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**UNIT HEATER, HOT WATER**

SITE AND BLDG #: **NY067 BLDG1**LOCATION/RM #: **BLDG1** WO# **18740** ASSET # **190917-423,424,  
427,428**MECHANIC  
SIGNATURE: DATE: **9/26/22**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	Schedule shutdown with operating personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	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"/>	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no wear or leaks found
2	Clean the coils	<input checked="" type="checkbox"/>	<input type="checkbox"/>	coils are clean
3	Comb the fins as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fins are good
4	Clean all fans and motors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fans and motors are clean
5	Check operation of controls and safeties.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	controls function properly
6	Lubricate as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	sealed motors
7	Check all motors, belts, pulleys, shafts, etc. for alignment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	direct drive and motors are good

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:**