

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 10/1/20

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>PATRICK BROWN</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. WO'S 9773PFQ,9926--9930FQT,9994MO, 10023-10024QT,10104-10108SA
2. 10202PMM,10223PMS,10025QT
3. FILTERS, AIR HANDLERS, MAKEUP UNIT,LIGHTING, SUMP PUMP
4. GREASE TRAP,VFD, EXHAUST
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 10/1/20

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: AMMIE MEARERO Date: 10/1/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

SUMP PUMP

SITE AND BLDG #: NY067-01

MECHANIC
SIGNATURE:

DATE: 10/1/20

LOCATION/RM #: WO# 10023 ASSET # 10610

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.	<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"/>	
2	Inspect check valve.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	check valve is good
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"/>	
5	Insuure the unit is operating properly, report any deficiencies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no deficiencies found
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: