

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 10/5/20

Contractor Personnel on Site:

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

**Work Performed:**

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

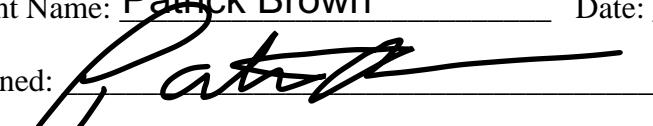
1. WO'S 9780AN, 9834-9837CAN,9909-9910FQT, 9988-9989MO, 10047-10049SA
2. 10192PMA,10201PMM,1220PMS, 9911-9912FQT, 1006QT, 10050-10051SA
3. 10016QT, 10050-10051SA
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 10/5/20

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: SFC PATRIC HANLON Date: 10/5/20

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DUCTLESS MINI SPLIT**

SITE AND BLDG #: **NY051-01**MECHANIC  
SIGNATURE: DATE: **10/5/20**LOCATION/RM #: **WO# 10049 ASSET # 10046**START TIME: **9:30am**FINISH TIME: **10:30am**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION   | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|---------------|----|---|
|   |  | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |  |               |    |   |
| 1   | As needed, de-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. Follow lock out/tag out procedures at all times. | ✓             |    |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |  |               |    |   |
| 1   | Check fan blades for dust buildup and clean if necessary.  | ✓             |    | fan blades are clean  |
| 2   | Check all electrical connections   | ✓             |    | electrical connections are good   |
| 3   | Check that the fan runs properly in all speeds as applicable.  | ✓             |    | fan runs properly in all speeds   |
| 4   | Check dampers and rotating auto diffusers for dirt accumulations, clean as necessary.  | ✓             |    | all are clean   |
| 5   | Check filter door for proper gasketing and air leaks. Correct as needed.   | ✓             |    | no air leaks found  |
| 6   | Change or Clean filter as needed. Filters get checked quarterly.   | ✓             |    | filter is clean   |
| 7   | Ensure condensate pump is working properly and that the drain lines are clear.   | ✓             |    | drain lines are clear   |
| 8   | Clean up work area.  | ✓             |    |   |

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:**