

**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. \_\_\_\_\_

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**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**  
**MAKE UP AIR UNIT - HEATING/COOLING**

**SITE AND BLDG #:** NY067-01

**MECHANIC  
SIGNATURE:**

**DATE:** 10/1/20

**LOCATION/RM #:**                      **WO#** 10108    **ASSET #** 10558

**START TIME:** 7:30am

**FINISH TIME:** 9:30am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check thermostat settings to ensure the cooling and heating systemis operating correctly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	unit functions properly
2	Tighten all electrical connections and measure voltage and current on motors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are tight
3	Check filters and clean or replace as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	filters are clean
4	Lubricate all moving parts.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	used white lithium grease
5	Check and inspect the condensate drain in your central air conditioner, furnace and/or heat pump (when in cooling mode).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Check controls of the system to ensure proper and safe operation. Check the starting cycle of the equipment to assure the system starts, operates, and shuts off properly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	controls function properly
7	Clean evaporator and condenser air conditioning coils.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	coils are clean
8	Clean and adjust blower components to provide proper system airflow.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	airflow is correct
9	Check all gas (or oil) connections, gas pressure, burner combustion and heat exchanger.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all connections are tight

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: HVAC Technician

**Additional Notes:**