

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 9/3/20

Contractor Personnel on Site:

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

**Work Performed:**

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

1. WO'S 9770PFQ,9979-9980FQT,10011-10012MO,10186SA,10200PMM,
2. 10207PMQ,10219PMS,10046QT
3. FILTERS, LIGHTING, GATES, CHILLER, AIR HANDLER,SUMP PUMP,
4. SPLIT UNIT EVAPORATOR, CONDENSING UNIT, EXHAUST
5.

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/3/20

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: SGT CARLOS ERAZO Date: 9/3/20

Signed: 

E-Mail:

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### SUMP PUMP

SITE AND BLDG #: **NY039-01**MECHANIC  
SIGNATURE: DATE: **9/3/20**LOCATION/RM #: \_\_\_\_\_ WO# **10207** ASSET # **190917-264**START TIME: **9am**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	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"/>	
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 type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove cover plates and flush pit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pit is clear
2	Inspect check valve.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	check valve function properly
3	Inspect interior of pit for cracks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	interior of pit is good
4	Inspect cover plate is in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	cover plates in place
5	Insuure the unit is operating properly, report any deficiencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no deficiencies
6	Clean up work area and remove all debris.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no debris

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:**