

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: _____ Date of Visit: _____

Contractor Personnel on Site:

| | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. _____
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

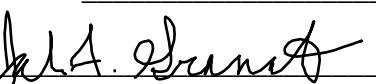
Print Name: _____ Date: _____

Signed: 

To be signed by Facility Manager:

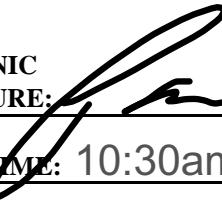
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: _____ Date: _____

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: **NY070 BLDG1**MECHANIC
SIGNATURE: DATE: **8/20/19**LOCATION/RM # **basement** WO# **10483** ASSET # **7060**START TIME: **10:30am**FINISH TIME: **11am**

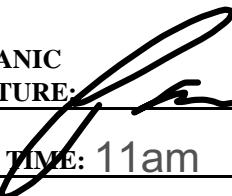
| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|---------------|----|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 1 | In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to. | ✓ | / | |
| 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. | ✓ | / | |
| 3 | Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak. | ✓ | / | |
| 4 | Do not allow any open flames around equipment. | ✓ | / | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Attach drain hose. Drain several gallons from tank to remove sediment. | ✓ | / | drained water for several minutes |
| 2 | Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge. | ✓ | / | safety valve functions properly |
| 3 | Check all connections - electric, gas and water. Tighten as necessary. | ✓ | / | all connections are good and tight |
| 4 | Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses. | ✓ | / | aquastat is set correctly |
| 5 | Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank. | / | ✓ | no storage or expansion tanks |
| 6 | Clean sight glasses on tanks. | / | ✓ | no sight glass |
| 7 | Clean strainer, check condition of traps. Report and repair leaks. | / | ✓ | no strainers are traps |
| 8 | Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required. | ✓ | / | pump controls and switches are good |
| 9 | If applicable, Remove and inspect Anode, replace if necessary | / | ✓ | no anode present |
| 10 | Clean up work area and remove trash. | ✓ | / | |

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
SUMP PUMP

SITE AND BLDG #: **NY070-01**MECHANIC
SIGNATURE: DATE: **8/20/19**LOCATION/RM #: **WO# 10483 ASSET # 7277**START TIME: **11am**FINISH TIME: **11:30am**

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|---------------|----|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 1 | In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to. | ✓ | / | |
| 2 | Schedule outage with operating personnel. | / | ✓ | |
| 3 | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. | ✓ | / | |
| 4 | If the material removed from the pump is hazardous, contact the Regional S&EM office for disposal instructions. | ✓ | / | |
| 5 | If strainer cleaning requires removal of pump unit which should be considered a repair and not general maintenance. | ✓ | / | |
| 6 | Excessive sediment and debris, not removed by flushing the pit should be handled on a project basis, and not considered under this standard. | ✓ | / | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Remove cover plates and flush pit. | ✓ | / | |
| 2 | Inspect check valve. | ✓ | / | check valve is functioning |
| 3 | Inspect interior of pit for cracks. | ✓ | / | no cracks found |
| 4 | Inspect cover plate gaskets and replace if necessary. | ✓ | / | cover plate is good |
| 5 | Insure the unit is operating properly, report any deficiencies | ✓ | / | no deficiencies noted |
| 6 | Clean up work area and remove all 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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: