CERTIFICATION OF WORK
**PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 11/23/20

Contractor Personnel on Site:

1. PATRICK BROWN
2. _____
3. _____
4. _____

**Work Performed:**

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

1. WO's 10556-105621QT,10663PMM, 10641PMQ, 10658PMS,10563-10565QT
2. REFRIDGEATORS, WATER HEATERS, LIGHTING, EXPANSION TANK,
3. ISOLATION VALVES, DOWNSPOUTS, GUTTERS
4. _____
5. _____

---

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 11/23/20

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: MR McCarthy Date: 11/23/20

Signed: _____

E-Mail: _____

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

## UNIT HEATER, HOT WATER

domestic

**SITE AND BLDG #:** NY013-01

**MECHANIC SIGNATURE:** [signature] **DATE:** 11/23/20

**LOCATION/RM #:** RM 122 **WO#** 10558 **ASSET #** 9240
RM 119 10559 9241

**START TIME:** 8:30am **FINISH TIME:** 9am

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE YES | TASK COMPLETE NO | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---|---|---|
| **SPECIAL INSTRUCTIONS** | | | | |
| 1 | Schedule shutdown with operating personnel. | ✓ | | |
| 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. | ✓ | | |
| **TO BE PERFORMED AT EACH INSPECTION SERVICE** | | | | |
| 1 | Check valve for signs of abnormal wear and leaks. Replace packing if needed. | ✓ | | valves are good |
| 2 | Clean the coils | | ✓ | no coils |
| 3 | Comb the fins as needed. | | ✓ | no fins |
| 4 | Clean all fans and motors. | | ✓ | no fans or Motors |
| 5 | Check operation of controls and safeties. | ✓ | | controls and safeties function properly |
| 6 | Lubricate as required. | | ✓ | no lubrication required |
| 7 | Check all motors, belts, pulleys, shafts, etc. for alignment. | | ✓ | Motors are good |

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 perfomed by: General Maintenance Worker
**Additional Notes:**