

**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. <u>PATRICK BROWN</u> | 3. _____ |
| 2. _____                | 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. \_\_\_\_\_

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**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

MECHANIC  
SIGNATURE: 

DATE: 11/23/20

START TIME: 8:30am

FINISH TIME: 9am

SITE AND BLDG #: NY013-01

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

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		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 valve for signs of abnormal wear and leaks. Replace packing if needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	valves are good
2	Clean the coils	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no coils
3	Comb the fins as needed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no fins
4	Clean all fans and motors.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no fans or Motors
5	Check operation of controls and safeties.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	controls and safeties function properly
6	Lubricate as required.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no lubrication required
7	Check all motors, belts, pulleys, shafts, etc. for alignment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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 performed by: General Maintenance Worker

Additional Notes: