

**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 3. _____
2. _____ 4. _____

Work Performed:

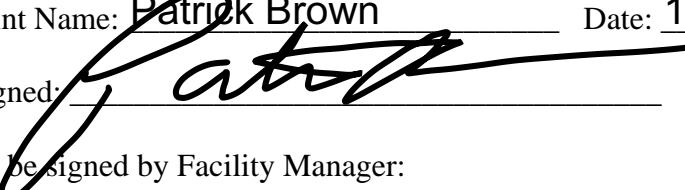
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

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

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: *Pat*

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		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 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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: