

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 11/24/20

Contractor Personnel on Site:

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

Work Performed:

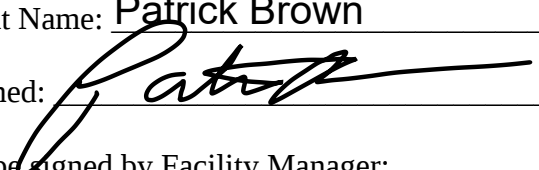
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S 10421-10422MO, 10612-10615QT, 10632SA, 10635PMM, 10648PMQ
2. 10660PMS, 10616-10619QT
3. LIGHTING, GATES, WATERPUMP, CHILLER, EXPANSION TANKS
4. WATER HEATER, DOWNSPOUTS/GUTTERS,
5.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 11/24/20

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 STORMS Date: 11/24/20

Signed: 

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: NY039-01

MECHANIC
SIGNATURE: 

DATE: 11/24/20

LOCATION/RM #: 10614 9933

WO# 10615 ASSET # 9934

START TIME: 9:45am

FINISH TIME: 10:30am

10648 190917-268

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect for structural defects, note needed repairs	☒	☒	no structural defects
2	Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket	☒	☒	units function properly
3	Clean exterior with dry cloth.	☒	☒	
4	For Exit lights check for proper arrow direction.	☒	☒	Arrow directions are proper
5	Make and/or recommend any needed repairs.	☒	☒	no repairs needed

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **EXPANSION TANKS**

SITE AND BLDG #: **NY039-01**MECHANIC
SIGNATURE: DATE: **11/24/20**LOCATION/RM #: **WO# 10648** ASSET # **190917-250**
190917-251START TIME: **11:30am**FINISH TIME: **12pm**

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.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed.			no signs of leaks or corrosion
2	If applicable, Check sight glass, insure level is between 1/2 and 3/4 sight glass. Correct as needed.			level is correct
3	If applicable, check tank pressure via schrader valve. Correct as needed.			no Schrader valve

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: