

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 11/20/20

Contractor Personnel on Site:

1. <u>PATRICK BROWN</u>	3. _____
2. _____	4. _____

Work Performed:

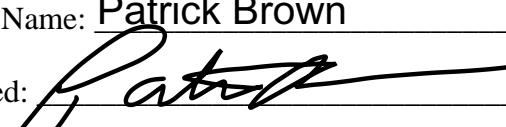
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S 10376FQ,10398-10399MO,10427-10430QT,10623SA,10636PMM
2. 10649PMQ
3. VAV,LIGHTING,GATES, CIRCULATING PUMPS, CHILLER,EXP TANKS
4. STORAGE TANK, CHEMICAL BYPASS,ISOLATION VALVES
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: SFC ERIC ABBOTT Date: 11/20/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: **NY051-01**

10429	10067
LOCATION/RM #:	WO# 10430 ASSET # 10068
	10649 190917-295/190917-296

MECHANIC
SIGNATURE:

DATE: **11/20/20**START TIME: **10am**FINISH TIME: **10:30am**

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 found
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.	✓	/	units are clean
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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EXPANSION TANKS

SITE AND BLDG #: **NY051-01**MECHANIC
SIGNATURE: DATE: **11/20/20**LOCATION/RM #: **MECH 133** WO# **10649**ASSET # **190917-280**
190917-281START 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.	✓	/	
2	If applicable, Check sight glass, insure level is between 1/2 and 3/4 sight glass. Correct as needed.	/	✓	
3	If applicable, check tank pressure via schrader valve. Correct as 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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: **asset 190917- 280 needs to be replaced I'm requesting a CM ticket to be submitted**

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ISOLATION VALVE

SITE AND BLDG #: **NY051-01**MECHANIC
SIGNATURE: DATE: **11/20/20**

LOCATION/RM #:

WO# 10649**ASSET # 190917-284**START TIME: **12:45pm**FINISH TIME: **1:30pm**

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 valve for damage and/or leaks.	✓	/	no damage or leaks
2	Exercise valve (at least 2 times per year) to ensure proper function. If valve does not function properly and/or leaks, open CM ticket for repair. Note the location of the valve.	✓	/	valves function properly

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
CHEMICAL BYPASS/POT FEEDER

SITE AND BLDG #: **NY051-01**MECHANIC
SIGNATUREDATE: **11/20/20**LOCATION/RM #: **WO# 10649 ASSET # 190917-283**START TIME: **12:30pm**FINISH TIME: **12:45pm**

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	Check physical condition of feeder. Clean and/or repair as needed.	✓	/	no repairs needed
2	Check valves for proper operation. Ensure no leaks are present and repair as needed.	✓	/	valves function properly

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
TANKS, WATER STORAGE

SITE AND BLDG #: **NY051-01**MECHANIC
SIGNATURE: DATE: **11/20/20**LOCATION/RM #: **MECH 133**WO# **10649**ASSET # **190917-282**START TIME: **12pm**FINISH TIME: **12:30pm**

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, manholes, and handholes for leaks, signs of corrosion, and correct as indicated.	✓	/	no signs of leaks or corrosion
2	Inspect structural supports and repair or replace damaged insulation or covering. If insulation contains asbestos and is damaged or eroded, it is considered a hazardous waste.	✓	/	no damage
3	Clean, test and inspect sight glasses, valves, fittings, drains, and controls.	✓	/	all are good
4	Clean up work site.	✓	/	

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: