

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 11/19/20

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 10656PMQ,10664PMS,10640PMM,10657PMQ,10665-10666PMS
2. BY-PASS FEEDER, EXPAN TANKS, GLYCOL MAKUP UNIT, WATER HEATERS
3. ICE MAKER, REFRIGERATOR, FREEZER, EXIT SIGNS, DOWNSPOUTS,
4. LIGHTING
5.

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 11/19/20

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: SSG HOPPER Date: 11/19/20

Signed: 

E-Mail:

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**CHEMICAL BYPASS/POT FEEDER**

**SITE AND BLDG #:** NY127-01







**MECHANIC  
SIGNATURE:**

**DATE:** 11/19/20

**LOCATION/RM #:**                      **WO#** 10656      **ASSET #** 190917-603

**START TIME:** 7:30am

**FINISH TIME:** 7:45am

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.			feeder is in good physical condition
2	Check valves for proper operation. Ensure no leaks are present and repair as needed.			no leaks and 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 #: NY127-01






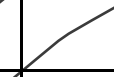


MECHANIC  
SIGNATURE: 

DATE: 11/19/20

LOCATION/RM #: \_\_\_\_\_ WO# 10656 ASSET # 190917-622 thru 190917-625

START TIME: 7:45am

FINISH TIME: 8am

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 leaks or corrosion
2	If applicable, Check sight glass, insure level is between 1/2 and 3/4 sight glass. Correct as needed.			no sight glass
3	If applicable, check tank pressure via schrader valve. Correct as needed.			tank pressures are correct

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

### CHEMICAL BYPASS/POT FEEDER

**MECHANIC  
SIGNATURE:**

**DATE:** 11/19/20

**START TIME:** 8am

**FINISH TIME:** 8:15am

**SITE AND BLDG #: NY127-01**

**LOCATION/RM #:** **WO# 10656 ASSET # 190917-626**  
**190917-627**

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check physical condition of feeder. Clean and/or repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no repairs needed
2	Check valves for proper operation. Ensure no leaks are present and repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no leaks found

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

### DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: NY127-01

MECHANIC  
SIGNATURE: 

DATE: 11/19/20

 LOCATION/RM #:   
 WO# 10656 ASSET # 190917-651  
 190917-652

START TIME: 8:15am

FINISH TIME: 9am

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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Do not allow any open flames around equipment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	drain water on each unit for several minutes
2	Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	safety valves function properly
3	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are tight
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	aquastat setting is correct
5	Clean water heater exterior.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	pumps are in good condition
7	Soap test for gas leaks, if leaks are found notify facility manager and AFOS immediately.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no gas leaks found
8	Clean up work area and remove trash.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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

### ICE MAKER

SITE AND BLDG #: NY127-01

MECHANIC  
SIGNATURE: 

DATE: 11/19/20

LOCATION/RM #:

WO#

10656

ASSET # 190917-645

START TIME: 9am

FINISH TIME: 10am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	De-energize, lock out, and tag electrical circuits.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Only approved cleaning chemicals shall be used.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no deficiencies noted
2	Visually check for refrigerant, oil and water leaks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no refrigerant oil or water leaks
3	Inspect ice condition/size.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ice condition and size are proper
4	Clean air filter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	air filters clean
5	As needed, drain and clean unit with proper ice machine cleaning solution. Drain and clean at a minimum of annually.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no water filter
7	Check and tighten any loose screw-type electrical connections.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are tight
8	Check all controls; adjust if necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
9	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ice dispensing valve function properly
10	Check and clear ice machine draining system (drain vent, strainer, trap).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	drain is clear
11	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are good
12	Clean motor, compressor, and condenser coil.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	coil and compressor are clean

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**  
**REACH-IN REFRIGERATORS/ FREEZERS**

**SITE AND BLDG #:** NY127-01

**MECHANIC  
SIGNATURE:**

**DATE:** 11/19/20

**LOCATION/RM #:**                      **WO#** 10656                      **ASSET #** 190917-659  
190917-660

**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	
SPECIAL INSTRUCTIONS				
1	De-energize, lock out, and tag electrical circuits.	✓	✓	
2	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	✓	✓	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	✓	✓	no deficiencies found
2	Verify indicator light on; check compartment temperature.	✓	✓	compartment temperature is correct
3	Examine evaporator for proper clearances/slope and air flow.	✓	✓	evaporator is correct
4	Examine handles, hinges and tightness of door closure.	✓	✓	all are tight
5	Examine safety door release and fan shut down safety switch.	✓	✓	safety switch function properly
6	Inspect lighting for burnt out lamps. Replace if required.	✓	✓	no burnt-out lamps
7	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	✓	✓	all are clean
8	Clean condenser coil and condensing unit section.	✓	✓	condensing coil is clean
9	Clean and inspect defrost evaporation trays/pans.	✓	✓	evaporator trays are good
10	Check operation of thermostats; calibrated as required.	✓	✓	thermostat functions properly
11	Check coil superheat and adjust to manufacturers recommendations.	✓	✓	superheats are correct
12	Inspect and service all electric motors.	✓	✓	Motors are good
13	Check box floor for water or ice accumulation.	✓	✓	no water or ice accumulation
14	Clean up area and note any deficiencies.	✓	✓	no deficiencies noted

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**  
**EMERGENCY EXIT SIGNS AND WALL PACKS**

**ACTIVITY AND BLDG #:** NY127-01

**MECHANIC  
SIGNATURE:**

**DATE:** 11/19/20

**LOCATION/RM #:**                      **WO#** 10656                      **ASSET #** 190917-686

**START TIME:** 10:30am

**FINISH TIME:** 11am

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	✓		all 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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**