

**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. _____
2. _____	4. _____

**Work Performed:**

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

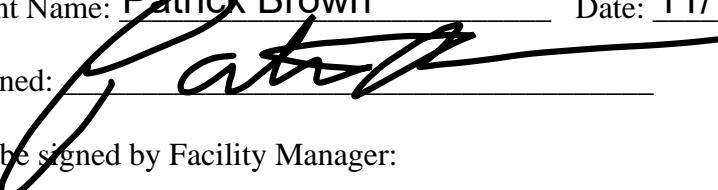
1. WO'S 10656PMQ,10664PMS,10640PMM,10657PMQ,10665-10666PMS
2. BY-PASS FEEDER, EXPAN TANKS, GLYCOL MAKUP UNIT, WATER HEATERS
3. ICE MAKER, REFRIGERATOR, FREEZER, EXIT SIGNS, DOWNSPOUTS,
4. LIGHTING
5. \_\_\_\_\_

---

**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**  
**EXPANSION TANKS**

SITE AND BLDG #: **NY127-02**MECHANIC  
SIGNATURE: DATE: **11/19/20**

LOCATION/RM #:	WO# <b>10657</b>	ASSET # <b>190917-703</b> <b>190917-711</b>	START TIME: <b>12pm</b>	FINISH TIME: <b>12:15pm</b>
----------------	------------------	------------------------------------------------	-------------------------	-----------------------------

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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"/>	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no sight glass
3	If applicable, check tank pressure via schrader valve. Correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	tank pressure is 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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**

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

SITE AND BLDG #: **NY127-02**MECHANIC  
SIGNATURE: DATE: **11/19/20**

LOCATION/RM #: **WO# 10657 ASSET # 190917-707**  
**190917-716**

START TIME: **12:15pm**FINISH TIME: **12:30pm**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.	✓		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check physical condition of feeder. Clean and/or repair as needed.	✓		feeder is in good condition
2	Check valves for proper operation. Ensure no leaks are present and repair as needed.	✓		no leaks

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**  
**DOMESTIC HOT WATER HEATER - GAS**

SITE AND BLDG #: **NY127-02**MECHANIC  
SIGNATURE: DATE: **11/19/20**

LOCATION/RM #:

**WO# 10657**ASSET # **190917-710**START TIME: **12:30pm**FINISH TIME: **1pm**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.	✓	/	
2	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.	✓	/	
3	Do not allow any open flames around equipment.	✓	/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Attach drain hose. Drain several gallons from tank to remove sediment.	✓	/	<b>drain water for several minutes</b>
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.	✓	/	<b>safety valve function properly</b>
3	Check all connections - electric, gas and water. Tighten as necessary.	✓	/	<b>all are tight</b>
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses.	✓	/	<b>aquastat is correct</b>
5	Clean water heater exterior.	✓	/	<b>water heater is clean</b>
6	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.	✓	/	<b>pump is in good condition</b>
7	Soap test for gas leaks, if leaks are found notify facility manager and AFOS immediately.	✓	/	<b>no gas leaks found</b>
8	Clean up work area and remove trash.	✓	/	

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

ACTIVITY AND BLDG #: **NY127-02**MECHANIC  
SIGNATURE: DATE: **11/19/20**

LOCATION/RM #:

WO# **10657**ASSET # **190917-714**START TIME: **1pm**FINISH TIME: **1:30pm**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Inspect for structural defects, note needed repairs	✓	/	no repairs needed
2	Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket	✓	/	lights 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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**