

**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. <u>PATRICK BROWN</u> | 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
ROOF DRAINS, DOWNSPOUT, AND GUTTER INSPECTION

SITE AND BLDG #: NY013-01

**MECHANIC
SIGNATURE:** 

DATE: 11/23/20

LOCATION/RM #: **WO#** 10658 **ASSET #** 190917-127
190917-128

START TIME: 11am

FINISH TIME: 1:30am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Use care when working in high places.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Use safety line with harness if necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check gutters, drains, and downspouts to insure that they are properly attached to the building, connections sealed, and free of debris.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are good
2	Check drain strainers/screens for condition and proper installation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	strainers and screens are good
3	If downspouts have heaters, test, operate and correct deficiencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no heaters present
4	Remove all trash, debris or unsecured material from roof area and gutters.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	gutters are clean
5	Where downspouts discharge onto lower roofs, check if there has been any scouring of the surfacing.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no scouring of the surfaces
6	Check for missing or damaged splash blocks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no missing or damaged Splash blocks

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 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: