

**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**  
**ROOF DRAINS, DOWNSPOUT, AND GUTTER INSPECTION**

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

**MECHANIC SIGNATURE:**  **DATE:** 11/19/20

**LOCATION/RM #:** **WO#** 10664 **ASSET #** 190917-682

**START TIME:** 11am **FINISH TIME:** 11:30am

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"/>	gutters are secure and clear
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
4	Remove all trash, debris or unsecured material from roof area and gutters.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	gutters are clear
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 surface scouring
6	Check for missing or damaged splash blocks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no missing 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:**