

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: _____

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. _____
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

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: _____ Date: _____

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

PTAC

 MECHANIC
SIGNATURE

DATE: 9/19/19

SITE AND BLDG #: NY070-01

LOCATION/RM #:

WO# 10882

ASSET #4630/4631/4632/
4658/4675/4681

START TIME: 9:45am

FINISH TIME: 10:15am

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	Schedule shutdown with operating personnel, as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	As needed, de-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. Follow lock out/tag out procedures at all times.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Clean the filter with a vacuum or running water.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Clean or replace the vent screen. Note: if the PTAC unit is operated with the vent door closed, the vent screen does not need to be cleaned.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Remove the front grille and clean it with a dampened cloth.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Inspect the control panel door and plug. Repair deficiencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Check the caulking around the PTAC wall sleeve to make sure all air and water openings are properly sealed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Check that condensate drains properly. Remove any debris/blockages.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7	Clean condenser coils with proper coil cleaner.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Place drain pan cleaner tablet in the basepan to inhibit bacteria growth.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
9	Check clearance around the HVAC unit to ensure that the intake air and discharge air paths are not blocked or restricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
10	Clean up work area.	<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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

TIME CLOCK, LIGHTING

SITE AND BLDG #: **NY070-01**MECHANIC
SIGNATURE: DATE: **9/19/19**LOCATION/RM #: _____ WO# **10882** ASSET # **7406**
7410START TIME: **9:30am**FINISH TIME: **9:45am**

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	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"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Check physical connections.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Verify the timeclock configuration, ensure proper operation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	If applicable, check battery and replace as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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To be performed by: General Maintenance Worker

Additional Notes: