

**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

**SITE AND BLDG #:** NY052-02

**MECHANIC  
SIGNATURE**

**DATE:** 9/23/19

**LOCATION/RM #:**                      **WO#** 10909                      **ASSET #** 4683

**START TIME:** 11:15am

**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	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:**