

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 12/8/20

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 10720PFQ, 10799-10800PMFQT, 10831-10832PMMO
2. 11032-11037PMSA, 11042PMM
3. 11049PMQ, 11063PMS, 10866PMQT, 11038PMSA, 11064-11065PMS
4. FILTERS, LIGHTING, HEATERS, GATES, SUMP PUMP, WALL PACKS,
5. EXHAUST SYSTEM

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/8/20

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: SGT STORMS Date: 12/8/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

UNIT HEATER, INFRA-RED, RADIANT, GAS

SITE AND BLDG #: NY039-02

MECHANIC
SIGNATURE: 

DATE: 12/8/20

LOCATION/RM #:

WO# 11038

ASSET # 9939

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	
SPECIAL INSTRUCTIONS				
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"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	For gsa/oil heaters: 1. Remove access panels if applicable. 2. Check the fire box liner or refractory for cracks and leaks. 3. Check all gas lines for leaks. Repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Clean dirt from heater, vaccuming is preferred.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Check operation of gas valve.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Check for gas leaks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Check operation of thermostat.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	If applicable, replace primary air intake filter.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	As needed, clean spark electrode and reset gap, replace if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Inspect flue pipe and connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	If applicable, inspect and clean outside air blower and blower intake.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	Inspect unit for proper operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input 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: HVAC Technician

Additional Notes:

there's a CM tickets submitted to have these units repaired / replaced