

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 1/12/21

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 11174 - ,11179,11180, -
 2. 11185,11310,11362,11363,11364,11435,1144
 3. 3,11365,11366
 4. ASSET#'S 10570 - 10581 ,
 5. 10612,10620,10621,10622,90917-450 ,
 - 190917-421
-

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1/12/21

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 WILLIAM MONTES Date: 1/12/21

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

KITCHEN HOOD

ACTIVITY AND BLDG #: NY067 BLDG1MECHANIC SIGNATURE:  DATE: 1/12/21LOCATION/RM #: kitchen WO# 11175 ASSET # 10571START TIME: 3:30pm FINISH TIME: 3:45pm

| 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 | Clean all accessible surfaces thouroughly. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | surfaces are clean |
| 2 | Check all louvers and dampers. If dampers must be moved to ensure complete cleaning, ensure they will be marked and returned to their original position to prevent unbalancing the system. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | louvers and dampers are good |
| 3 | Clean and/or replace filters, if applicable. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | filters are clean |
| 4 | Enure unit is operating properly, not any deficiencies. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no deficiencies |

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: