

**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:

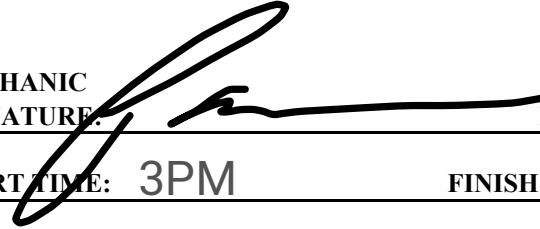
Print Name/Rank: SSG WILLIAM MONTES Date: 1/12/21

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

OVEN

ACTIVITY AND BLDG #: NY067 BLDG1MECHANIC
SIGNATURE: DATE: 1/12/21LOCATION/RM #: kitchen WO# 11174 ASSET # 10570START TIME: 3PMFINISH TIME: 4PM

11176

10572

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Notify cafeteria operator and get permission prior to performing all maintenance.	☒	☒	
2	De-energize, lock out, and tag electrical circuits and fuel service.	☒	☒	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	☒	☒	no deficiencies noted
2	Check all controls, mechanisms for proper operation; adjust as required.	☒	☒	controls function properly
3	Examine utility supply line, piping, valve packing, specialties, and insulation; look for leaks.	☒	☒	no leaks found
4	Check electric power line condition, switch, disconnect, etc.; or check condition of gas supply, valves, regulators, and inspect pilot, check for Gas leaks.	☒	☒	all are good
5	Check the operation of thermostats; calibrate if required	☒	☒	thermostat is correct
6	Clean and adjust gas burners.	☒	☒	gas burners burn correctly
7	Check safety pilot and solenoid.	☒	☒	solenoid functions properly
8	Clean and adjust pilot light assembly.	☒	☒	pilot light and assembly are good
9	Check flue for proper draft or obstructions.	☒	☒	no obstructions
10	Lubricate gas valves.	☒	☒	
11	Clean interior walls and elements to obtain maximum heat transfer.	☒	☒	walls and elements are clean
12	Check gaskets and seals; check doors for tightness and warping; lubricate hinges and repair as necessary.	☒	☒	gaskets and hinges are good
13	Examine handles, knobs and controls for tightness and safe condition.	☒	☒	all are tight

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: