

**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:

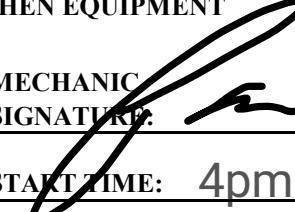
Print Name/Rank: SSG WILLIAM MONTES Date: 1/12/21

Signed: 

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**MISCELLANEOUS KITCHEN EQUIPMENT**

ACTIVITY AND BLDG #: **NY067 BLDG1**

MECHANIC  
SIGNATURE: 

DATE: **1/12/21**

LOCATION/RM #: **kitchen** WO# **11177** ASSET # **10573**  
**11178** **10574**

START TIME: **4pm**

FINISH TIME: **5pm**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | 10575 | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|-------|---------------|----|---|
|   |   |       | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |   |       |               |    |   |
| 1   | Notify cafeteria operator and get permission prior to performing all maintenance.   |       | ✓             |    |   |
| 2   | De-energize, lock out, and tag electrical circuits and fuel service.  |       | ✓             |    |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |       |               |    |   |
| 1   | Check with operator or manager for any deficiencies, verify cleaning program.   |       | ✓             |    | no deficiencies noted   |
| 2   | Check all controls, mechanisms for proper operation; adjust as required.  |       | ✓             |    | controls function properly  |
| 3   | If applicable, examine utility supply line, piping, valve packing, specialties, and insulation; look for any leaks.   |       | ✓             |    | no leaks found  |
| 4   | If applicable, check electric power line condition, switch, disconnect, etc.; or check condition of gas supply, valves, regulators, and inspect pilot, check for Gas leaks. |       | ✓             |    | Powerline and disconnect are in good condition                          |
| 5   | Ensure unit is clean and in working order. Note any deficiencies.   |       | ✓             |    | unit is clean and in working order                                      |

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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**