

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 1/26/21

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

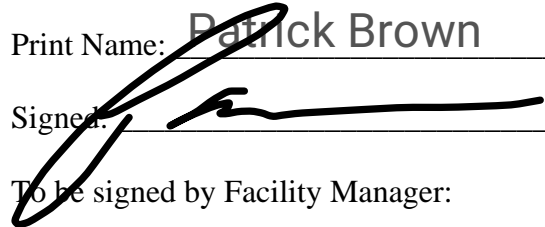
**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 11252 - 11255 , 11386 - 11391 , 11431
2. ASSET#'S, 9223 , 9224 , 9228 , 9230 , 9215 , 9246 ,
3. 9248 , 9249 , 190917-131 , 9251 , 9264
4. \_\_\_\_\_
5. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1/26/21

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: MR McCarthy Date: 1/26/21

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GRILL

MECHANIC  
SIGNATURE: 

DATE: 1/26/21

 ACTIVITY AND BLDG #: NY013 BLDG1  
 LOCATION/RM #: kitchen WO# 11252 ASSET # 9223  
 11253 9224

START TIME: 8am

FINISH TIME: 8:15am

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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	De-energize, lock out, and tag electrical circuits and fuel service.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operator to verify cleaning program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Check with operating or area personnel for any deficiencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Check nuts, bolts, and screws for tightness; tighten or replace as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Inspect grease trough, drip tray, splash guard, and surface condition.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Examine gas utility supply line, valve packing, tighten fittings as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Examine/clean burners and elements.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7	On gas operated units, check pilot and gas burners for uniform flame; adjust as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8	On electrically operated units, check switches, connections, and wiring for loose or overheated conditions.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
9	Check flue for proper draft or obstructions.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
10	Examine control knobs and indicating lights; adjust/replace as required.	<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:**

both of these units are disconnected and out of service