

**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. \_\_\_\_\_

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**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**  
**DEHUMIDIFIER**

**SITE AND BLDG #:** NY013 BLDG2

**MECHANIC  
SIGNATURE**

**DATE:** 1/26/21

**LOCATION/RM #:** BLDG2 **WO#** 11390 **ASSET #** 9251

**START TIME:** 9am

**FINISH TIME:** 9:15am

<b>CHECK POINT</b>	<b>CHECKPOINT DESCRIPTION</b>	<b>TASK COMPLETE</b>		<b>NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</b>
		<b>YES</b>	<b>NO</b>	
<b>SPECIAL INSTRUCTIONS</b>				
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"/>	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check water inlet and outlet for any leaks, repair as needed.		<input checked="" type="checkbox"/>	
2	Clean and/or replace filter as needed. -Record space humidity		<input checked="" type="checkbox"/>	Space Humidity _____ %
3	If applicable, check hours per usage, replace tanks's as needed.		<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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**

there is no dehumidifier in  
building 2