

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 1/13/21

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. <u>WO#'s</u>   |
| 2. <u>11430,11449,11457,11438,11450,11458,11451,11459</u>     |
| 3. <u>ASSET#'S</u>  |
| 4. <u>190917-646,648,649,653,654,656,657,661,684,602,621,</u> |
| 5. <u>644,724,712,687,729,732,</u>                            |

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1/13/21

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: CHRIS Pothier AFOS Date: 1/13/21

Signed: 

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

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

ACTIVITY AND BLDG #: **NY127 BLDG1****190917-648**

MECHANIC  
SIGNATURE: 

DATE: **1/13/21**LOCATION/RM #: **kitchen** WO# **11430**ASSET # **649,653,656****657,661**START TIME: **9am**FINISH TIME: **10:30am**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | 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                                      |

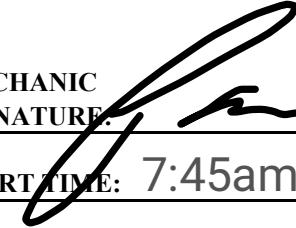
Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**OVEN**

ACTIVITY AND BLDG #: **NY127 BLDG1**

LOCATION/RM #: **kitchen** WO# **11430** ASSET # **190917-654** MECHANIC SIGNATURE:  DATE: **1/13/21**

START TIME: **7:45am** FINISH TIME: **8:15am**

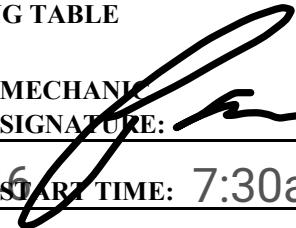
| CHECK POINT                                       | CHECKPOINT DESCRIPTION   | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|---------------|----|---|
|   |  | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |  |               |    |   |
| 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 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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**FOOD SERVING TABLE**

ACTIVITY AND BLDG #: **NY127 BLDG1**MECHANIC  
SIGNATURE: DATE: **1/13/21**LOCATION/RM #: **kitchen** WO# **11430**ASSET #**190917-646**START TIME: **7:30am**FINISH TIME: **7:45am**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | 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.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| 2   | If any safety deficiencies are found which could cause injury or damage, notify the cafeteria operator immediately and secure the equipment from further operations.            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |                                     |                                     |   |
| 1   | Check with operating or area personnel for any deficiencies; verify cleaning program.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | no deficiencies noted   |
| 2   | Clean all exterior laminated surfaces, aluminium hardware and wire shelves with a mild soap solution, using a damp cloth followed by a lint-free dry cloth.                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | all are clean   |
| 3   | All glass can be cleaned with a non-abrasive cleaner  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | used sprayway glass cleaner   |
| 4   | Plexiglas can be cleaned and polished with specialized acrylic cleaners. Do not use strong alkali solutions, steel wool, or abrasive cleaners.                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | no plexiglas  |
| 5   | Stainless steel surfaces may be cleaned with a non-abrasive cleaner applied liberally. Wipe and dry with smooth strokes in the direction of the polish marks on the steel.      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | surfaces are clean  |
| 6   | To clean the interior of the display case and wire shelves, use a mild soap solution using a damp cloth followed by a lint-free dry cloth, being sure to wring out excess water | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | interior of unit is clean   |

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:**