

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

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: Chris Pothier

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **MANUAL/AUTOMATIC OVERHEAD DOORS**

SITE AND BLDG #: NY127 BLDG1 MECHANIC SIGNATURE:  DATE: 1/13/21

LOCATION/RM #: kitchen & supply room WO# 190917-644 ASSET # 190917-602 START TIME: 10:30am FINISH TIME: 11:30am

Supply Room

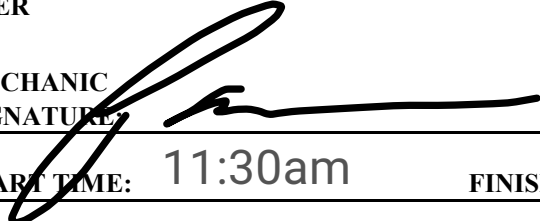
CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with door operating personnel for any known deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no known deficiencies
2	Inspect general arrangement of door and mechanism, mountings, standards, wind locks, anchor bolts, counterbalances, weather stripping, door sweeps etc. Clean, tighten, and adjust repair as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are good
3	If applicable, operate with power from start to stop and at intermediate positions. Observe performance of various components, such as brake, limit switches, door operating speed, motor, gear box, etc. Clean and adjust as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	units function properly in all positions
4	Check operation of safety edges, stops, electric eye, treadle, or other operating devices. Clean and make required adjustments or repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no adjustments needed
5	Check manual operation. Note brake release, motor disengagement, functioning or hand pulls, chains sprockets, clutch, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	units function properly manually
6	If applicable, examine all wiring, motor, starter, push button, etc., blow out or vacuum if needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are clean
7	If applicable, inspect gear box, change or add oil as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Perform required lubrication. Remove old or excess lubricant.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	used PB Blaster garage door lubricant
9	Clean unit and mechanism thoroughly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	unit is clean
10	Clean up and remove all debris.	<input checked="" type="checkbox"/>	<input 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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DEHUMIDIFIER

SITE AND BLDG #: NY127 BLDG1
 MECHANIC SIGNATURE: 
 DATE: 1/13/21
 LOCATION/RM #: vault
 WO# 11457
 ASSET # 190917621
 START TIME: 11:30am
 FINISH TIME: 11:45am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check water inlet and outlet for any leaks, repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no leaks found
2	Clean and/or replace filter as needed. -Record space humidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Space Humidity <u>54</u> %
3	If applicable, check hours per usage, replace tanks's as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no hour meter

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: