

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 2/11/21

Contractor Personnel on Site:

1. Patrick Brown 3. _____
2. _____ 4. _____

Work Performed:

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

1. WO#'S, 11486 , 11507 , 11513-11515 , 11542 ,
2. 11559 , 11560 , 11588-11591 , 11785 , 11786 ,
3. 11845 , 11858 , 11871 , 11872 , 11787
4. ASSET#'S, 10043-10045 , 10051-10053 ,
5. 10066-10069 , 10063 , 10079 , 190917-294 ,
279-284 , 299 , 295 , 296 , 286 , 301

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/11/21

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: SFC PATRIC HANLON Date: 2/11/21

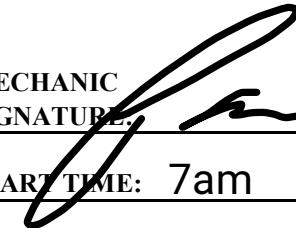
Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
VAV BOX

SITE AND BLDG #: **NY051 BLDG1**

LOCATION/RM #:	BLDG1	see below	WO#	ASSET #	10068
					10043

MECHANIC
SIGNATURE: DATE: **2-11-21**START TIME: **7am**FINISH TIME: **9am**

CHECK POINT	CHECKPOINT DESCRIPTION	190917-279	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"/>			
TO BE PERFORMED AT EACH INSPECTION SERVICE					
1	If EMS system permits, check that the operating controls activate damper per design specifications.-	<input checked="" type="checkbox"/>			Record CFM AIR FLOW <u>289</u>
2	If required, check damper linkage for tightness and lightly lubricate.		<input checked="" type="checkbox"/>		
3	If required, inspect dampers for free movement.		<input checked="" type="checkbox"/>		
4	If required, inspect actuators for tightness to mounting brackets.		<input checked="" type="checkbox"/>		
5	As needed, tighten electrical connections to servo motor.	<input checked="" type="checkbox"/>			
6	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<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: HVAC Technician

Additional Notes:**WO#S**

11486
 11507
 11542
 11785
 11871