

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 2/9/21

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, 11511, 11865, 11883, 11884, 11512,
  2. 11849, 11866, 11885
  3. PM#'S, 190917-, 615, 645, 603, 622-627, 642,
  4. 651, 652, 659, 660, 686, 616, 636-640, 683,
  5. 709, 724, 703, 707, 710, 711, 714, 716, 700,
- 708
- 

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/9/21

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:

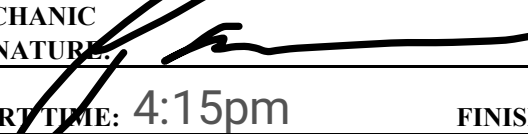
Print Name/Rank: LARS LUFFMAN Date: 2/9/21

Signed: 

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

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **GLYCOL TANK**

SITE AND BLDG #: **NY127 BLDG2**  
 LOCATION/RM #: **MECH ROOM** WO# **11866** ASSET # **190917-707**

MECHANIC SIGNATURE:  DATE: **2/9/21**  
 START TIME: **4:15pm** FINISH TIME: **4:30pm**

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	Examine exterior of tank, including fittings, gauges, structural supports, manholes, and handholes for leaks, signs of corrosion, or other defects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no signs of defects or leaks
2	Clean, test and inspect sight glasses, valves, fittings, drains, and controls.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are good
3	Check condition of agitators and/or float assemblies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	assemblies are good
4	If applicable, clean strainer(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	strainer is clean
5	Clean up work site.- Report any issues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no issues

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:**

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **EXPANSION TANKS**

SITE AND BLDG #: NY127 BLDG2

LOCATION/RM #: MECH ROOM

WO# 11866

ASSET # 190917-703,711

MECHANIC  
SIGNATURE: 

DATE: 2/9/21

START TIME: 4pm

FINISH TIME: 4:15pm

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.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed.	✓		no sign of corrosion or leaks
2	If applicable, Check sight glass, insure level is between 1/2 and 3/4 sight glass. Correct as needed.		✓	no sight glass
3	If applicable, check tank pressure via schrader valve. Correct as needed.	✓		pressure is correct

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:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**EMERGENCY EXIT SIGNS AND WALL PACKS**

**ACTIVITY AND BLDG #:** NY127 BLDG2

**MECHANIC  
SIGNATURE:** 

**DATE:** 2/9/21

**LOCATION/RM #:** BLDG2 **WO#** 11866 **ASSET #** 190917-714

**START TIME:** 5pm

**FINISH TIME:** 5:10pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS  (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect for structural defects, note needed repairs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no structural defects
2	Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	units function properly
3	Clean exterior with dry cloth.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	units have been wiped down
4	For Exit lights check for proper arrow direction.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Arrow directions are proper
5	Make and/or recommend any needed repairs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no repairs needed

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 perfomed by: General Maintenance Worker

**Additional Notes:**

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: NY127 BLDG2

MECHANIC  
SIGNATURE

DATE: 2/9/21

LOCATION/RM #: MECH ROOM WO# 11866 ASSET # 190917-710

START TIME: 4:30pm

FINISH TIME: 5pm

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 checked="" type="checkbox"/>	
2	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Do not allow any open flames around equipment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	drained water for several minutes
2	Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	safety valve function properly no corrosion
3	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all connections are tight
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	water temperature is correct
5	Clean water heater exterior.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	exterior is clean
6	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no pump
7	Soap test for gas leaks, if leaks are found notify facility manager and AFOS immediately.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	used electronic device no leaks found
8	Clean up work area and remove trash.	<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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**CHEMICAL BYPASS/POT FEEDER**

SITE AND BLDG #: NY127 BLDG2  
 MECH ROOM  
 LOCATION/RM #: MECH ROOM WO# 11866 ASSET # 190917-716

MECHANIC SIGNATURE:  DATE: 2/9/21  
 START TIME: 7am FINISH TIME: 7:15am

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 physical condition of feeder. Clean and/or repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	feeder is in good condition
2	Check valves for proper operation. Ensure no leaks are present and repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	valves function properly

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:**