

**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:

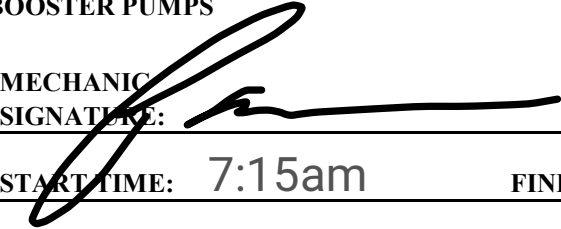
Print Name/Rank: LARS LUFFMAN Date: 2/9/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **CIRCULATING AND BOOSTER PUMPS**

SITE AND BLDG #: **NY127 BLDG2**
 LOCATION/RM #: **MECH ROOM** WO# **11885** ASSET # **190917-700,708**

MECHANIC SIGNATURE:  DATE: **2/9/21**
 START TIME: **7:15am** FINISH TIME: **8am**

| 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"/> | |
| 2 | It is generally not a good idea to tamper with pumps using mechanical seals if they are otherwise performing properly. Since mechanical seals can cost as much as the pump, it is usually not cost effective to risk damaging the seal by performing an annual internal inspection of the pump.-Report any leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Lubricate pump and motor bearings as per manufacturer's specifications. Bearings require lubrication atleast annually.4 shots of grease per PM | <input checked="" type="checkbox"/> | <input type="checkbox"/> | used Lucas heavy duty grease |
| 2 | Inspect couplings and check for any pump seal leaks. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no leaks |
| 3 | Check motor mounts and vibration pads | <input checked="" type="checkbox"/> | <input type="checkbox"/> | mounts and pads are good |
| 4 | Tighten all pump flanges. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | flanges are tight |
| 5 | Visually check pump alignment and coupling -Report unusual vibration | <input checked="" type="checkbox"/> | <input type="checkbox"/> | alignment is good no vibration |
| 6 | Inspect electrical connections | <input checked="" type="checkbox"/> | <input type="checkbox"/> | electrical connections are good |

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: **ASSET# 190917-700 PUMP#1 IS BEING REPLACED WE ARE JUST WAITING FOR THE PUMP TO COME IN**