

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 3/11/21

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, 11967 - 11969 , 12169 - 12172 , 12212 , 12220 , 12225 ,
2. 12051 , 12226
3. ASSET#'S , 9209 , 9210 , 9211 , 9216 , 9265 , 190917 - , 131 ,
4. 134 , 133 , 104 - 118 , 138 - 140
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 3/11/21

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 KEVIN STEWART Date: 3/11/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

DUCTLESS MINI SPLIT

SITE AND BLDG #: NY013 BLDG1

MECHANIC
SIGNATURE: 

DATE: 3/11/21

LOCATION/RM #: BLDG1 WO# 12172 ASSET # 190917-104-113
12225 9216

START TIME: 9am

FINISH TIME: 10am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	As needed, de-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. Follow lock out/tag out procedures at all times.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check fan blades for dust buildup and clean if necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fan blades are clean
2	Check all electrical connections	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	electrical connections are good
3	Check that the fan runs properly in all speeds as applicable.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fan functions properly in all speeds
4	Check dampers and rotating auto diffusers for dirt accumulations, clean as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are clean
5	Check filter door for proper gasketing and air leaks. Correct as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No air leaks
6	Change or Clean filter as needed. Filters get checked quarterly.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	filters are good
7	Ensure condense pump is working properly and that the drain lines are clear.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	drain lines are clear
8	Clean up work area.	<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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: