

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 3/10/21, 3/15/21

Contractor Personnel on Site:

- | | |
|-------------------------|------------|
| 1. <u>Patrick Brown</u> | 3. <u></u> |
| 2. <u></u> | 4. <u></u> |

Work Performed:

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

1. WO#'S, 11920, 11999, 12000, 12031, 12032, 12206,
2. 12214, 12221, 12233, 12233, 12066
3. ASSET#'S, 190917-248, 9891, 9896, 9932, 9935, 9891,
4. 190917-, 269, 264, 248, 249, 9943
5.

CERTIFICATION OF WORK

To be signed by the Contractor:

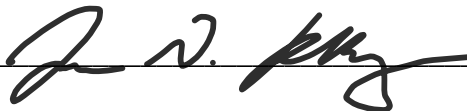
Print Name: Patrick Brown Date: 3/15/21

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: SSGT JAMES KELLEY Date: 3/15/21

Signed: 

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST OUTDOOR CONDENSING UNIT

SITE AND BLDG #: NY039 BLDG1

MECHANIC
SIGNATURE: 

DATE: 3/10/21

LOCATION/RM #: BLDG1 outside

WO# 12233

ASSET # 190917-249

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	Schedule outage of unit with personnel in area the unit serves.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	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"/>	
3	If disposal of the equipment is required, follow regulations concerning removal of refrigerants and disposal of the unit.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove debris from air screen and clean underneath unit.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	screen and around unit are clean
2	Wash coil with coil cleaning solution - Rinse Thoroughly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	coils are clean
3	Straighten fin tubes with fin comb, as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fin tubes are straight
4	Check electrical connections for tightness.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	electrical connections are good
5	Check mounting base for tightness.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	mounting and base are good
6	Inspect fans for bent blades, unbalance, excessive noise and vibrations.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no excessive noise or vibration
7	Inspect all piping for leaks and tighten loose connections.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no leaks or loose connections
8	Check wires at condenser electrical fused safety switches for tightness and burned insulation. Repair as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	wires and insulation are good
9	Check supply air temperature to ensure unit is operating properly. If possible record room temperature.and Humidity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Room temp <u>74</u> Room Humidity <u>52</u> %
10	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no replacement needed
11	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 description of the deficiency.

To be performed by: HVAC Technician

Additional Notes: