

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 3/12/21

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, 11927 , 12223 , 12241 , 11928 , 12219 , 12224 , 12242 ,
2.
3. ASSET#'S , 190917-, 605-614 , 617 , 634 , 635 , 643 , 628 , 629 ,
4. 655 , 691-695 , 697 , 698 , 705 , 706 , 724 ,
5.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 3/12/21

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: 3/12/21

Signed: 

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: **NY127 BLDG2**

MECHANIC
SIGNATURE: 

DATE: **3/12/21**

LOCATION/RM #: **BLDG2** WO# **12242**

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	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace filters as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Initial and Date Filter (if disposable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Initial and Date Yellow Maintenance Tag (if applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
ASSET #	SIZE	QTY		NOTES/ ACTIONS
	Record Size :			
190917-691	16x24x2	1		
190917-695	15x11- 3/8 x3/8 box filter	4-2		15x11 are washable
190917-698	16x20x2 - 16x25x2 - 20x16x12	6-4-6		
190917-705	20x20x4	1		
190917-706	16x20x4	1		
	NOTE : Any AHU with outside air -Filter gets replaced Quarterly			
	All other filters get replaced annually But inspected Quarterly			

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 Technician

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

OUTDOOR CONDENSING UNIT

SITE AND BLDG #: NY127 BLDG2

MECHANIC
SIGNATURE: 

DATE: 3/12/21

LOCATION/RM #: outside WO# 12242 ASSET # 190917-
692-694

START TIME: 4pm

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	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"/>	

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To be performed by: HVAC Technician

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

VEHICLE EXHAUST REMOVAL

SITE AND BLDG #: NY127 BLDG2

MECHANIC
SIGNATURE: 

DATE: 3/12/21

LOCATION/RM #: work bay WO#12224 ASSET # 190917-697

START TIME: 3:30pm

FINISH TIME: 4pm

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"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Start and stop fan with local switch	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	switch functions properly
2	Check motor and fan shaft bearings for noise, vibraton, overheating; lubricate bearings.-Inspect hoses -report issues -open CM ticket	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	use Lucas heavy duty Grease
3	Inspect, adjust belts and pulleys. Replace belt as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	adjusted belt
4	Clean dampers; lubricate pivot points (annually) and inspect linkages for tightness.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are good
5	Inspect fan for bent blades, unbalance, excessive noise and vibration.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no excessive noise or vibration
6	Clean fan as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fan is clean
7	Visually inspect exhaust system tubing and/or duct work for any damage that could result in leaks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no leaks found
8	Repair as needed	<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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: