

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 4/29/21

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, 12486, 12487, 12506, 12495, 12507, 12510, 12508
2. ASSET#'S, 190917-, 677, 678, 685, 684, 724, 712, 728, 729
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 4/29/21

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: 4/29/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

OIL WATER SEPARATOR

SITE AND BLDG #: NY127 BLDG2

MECHANIC
SIGNATURE: 

DATE: 4/29/21

LOCATION/RM #: BLDG2 WO# 12510

ASSET #190917-728

START TIME: 9:30am

FINISH TIME: 10am

| 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 | OIL LAYER - If possible, measure the surface oil layer in the oil water separator and record depth. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 2 | SOLID ACCUMULATION - If possible, measure the solid accumulation in the bottom of the oil water separator and record. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 3 | Recommend whether oil water separator needs to be cleaned. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | separator is clean |

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: