

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 5/11/21

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 , 12729 - 12738 , 12808 , 12816 , 12833
2. ASSET#'S, 9220 , 9222 , 9240 - 9245 , 9261 - 9263 ,
3. 190917- , 131 , 132 , 102 , 103 , 127 , 128
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/11/21

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: CANDI HUTCHINS Date: 5/11/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: NY013 BLDG1

MECHANIC
SIGNATURE: 

DATE: 5/11/21

LOCATION/RM #: BLDG1 12733-12735 9243-9245
WO# 12816 ASSET # 190917-132

START TIME: 11am

FINISH TIME: 11:30am

| 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 | Inspect for structural defects, note needed repairs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no structural defects |
| 2 | Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | units function properly |
| 3 | Clean exterior with dry cloth. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | units have been wiped down |
| 4 | For Exit lights check for proper arrow direction. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Arrow directions are proper |
| 5 | Make and/or recommend any needed repairs. | <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 discription of the deficiency.

To be perfomed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ISOLATION VALVE

SITE AND BLDG #: NY013 BLDG1



MECHANIC
SIGNATURE: 

DATE: 5/11/21

LOCATION/RM #: 119 WO# 12816 ASSET # 190917-103

START TIME: 12:15pm

FINISH TIME: 12:30pm

| 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 | Inspect valve for damage and/or leaks. |  | | no damage or leaks found |
| 2 | Exercise valve (at least 2 times per year) to ensure proper function. If valve does not function properly and/or leaks, open CM ticket for repair. Note the location of the valve. |  | | valves have been worked |

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST EXPANSION TANKS

SITE AND BLDG #: NY013 BLDG1

MECHANIC
SIGNATURE: 

DATE: 5/11/21

LOCATION/RM #: boiler room

WO# 12816

ASSET # 190917-102

START TIME: 12pm

FINISH TIME: 12:15pm

| 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 | Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no sign of corrosion or leaks |
| 2 | If applicable, Check sight glass, insure level is between 1/2 and 3/4 sight glass. Correct as needed. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no sight glass |
| 3 | If applicable, check tank pressure via schrader valve. Correct as needed. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | pressure is correct |

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: