

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 5/5/21

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, 12542, 12571, 12572, 12600 - 12603, 12796,
2. 12811, 12824
3. ASSET#'S, 10043 - 10045, 10066, 10069, 10067,
4. 10068, 10037, 190917-, 294 - 296, 280- 284, 299
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: 

To be signed by Facility Manager:

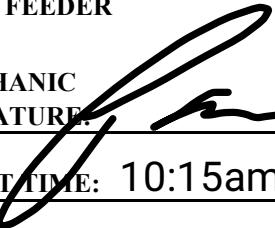
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SFC ERIC ABBOTT Date: 5/5/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
CHEMICAL BYPASS/POT FEEDER

SITE AND BLDG #: **NY051 BLDG1**MECHANIC
SIGNATURE: DATE: **5/5/21**LOCATION/RM #: **mechanical room**WO# **12824** ASSET # **190917-283**START TIME: **10:15am**FINISH TIME: **10:30am**

| 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. |  | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Check physical condition of feeder. Clean and/or repair as needed. |  | | feeder is in good condition |
| 2 | Check valves for proper operation. Ensure no leaks are present and repair as needed. |  | | valves function properly |

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ISOLATION VALVE

SITE AND BLDG #: **NY051 BLDG1**

mechanical room

LOCATION/RM #: **WO# 12824**ASSET # **190917-284**MECHANIC
SIGNATURE: DATE: **5/5/21**START TIME: **10:15am**FINISH TIME: **10:30am**

| 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 valve for damage and/or leaks. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: NY051 BLDG1 10067

MECHANIC
SIGNATURE:

DATE: 5/5/21

LOCATION/RM #: BLDG1 WO# 12602 ASSET # 10068
12603 190917-295,296

START TIME: 9am

FINISH TIME: 9:30am

| 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 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 type="checkbox"/> | units function properly |
| 3 | Clean exterior with dry cloth. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | units have been wiped down |
| 4 | For Exit lights check for proper arrow direction. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Arrow directions are proper |
| 5 | Make and/or recommend any needed repairs. | <input checked="" type="checkbox"/> | <input 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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EXPANSION TANKS

SITE AND BLDG #: NY051 BLDG1

mechanical room

LOCATION/RM #: WO# 12824 ASSET # 190917-
280, 281MECHANIC
SIGNATURE: 

DATE: 5/5/21

START TIME: 9:45am

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 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 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 type="checkbox"/> | no sight glass |
| 3 | If applicable, check tank pressure via schrader valve. Correct as needed. | <input checked="" type="checkbox"/> | <input 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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
TANKS, WATER STORAGE

SITE AND BLDG #: **NY051 BLDG1**MECHANIC
SIGNATURE: DATE: **5/5/21**

mechanical room

LOCATION/RM #:

WO# **12824**ASSET # **190917-282**START TIME: **10am**FINISH TIME: **10:15am**

| 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. | ✓ | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Examine exterior of tank including fittings, manholes, and handholes for leaks, signs of corrosion, and correct as indicated. | ✓ | | no leaks or corrosion found |
| 2 | Inspect structural supports and repair or replace damaged insulation or covering. If insulation contains asbestos and is damaged or eroded, it is considered a hazardous waste. | ✓ | | no damaged insulation |
| 3 | Clean, test and inspect sight glasses, valves, fittings, drains, and controls. | ✓ | | no sight glass valves and controls are good |
| 4 | Clean up work site. | ✓ | | |

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: