

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 6/16/21

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, 12888 , 13278 , 13291 , 13322 , 12889 , 13279 , 13287 ,
2. 13292 , 13323 , 13324 ,
3. ASSET#'S, 190917- , 606-611 , 617-620 , 634 , 635 , 604 , 643 , 641 ,
4. 679-681 , 691 , 695-699 , 705 , 706 , 690 , 713 , 724 , 701 , 704 ,
5. 705 , 706 , 725 , 726 , 730 ,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/16/21

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: 6/16/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ENERGY RECOVERY VENTILATOR

SITE AND BLDG #: **NY127 BLDG2**LOCATION/RM #: **BLDG2** WO# **12889** ASSET # **190917-695,698**MECHANIC
SIGNATURE: DATE: **6/16/21**START TIME: **1:30pm**FINISH TIME: **2pm**

| 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 | Check all moving components for proper lubrication. Apply lubrication where required. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | moving components are good |
| 2 | Check dampers to ensure they open and close properly. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | dampers function properly |
| 3 | Check all fan belts for wear, tension, alignment, and dirt accumulation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | fan belts are good |
| 4 | Check fan wheels and fasteners for oil and dust accumulation and clean as necessary. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no oil or dust accumulation |
| 5 | Check, clean, and/or replace both internal and external filters as necessary. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | filters have been replaced |

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FAN COIL UNIT

SITE AND BLDG #: **NY127 BLDG2**MECHANIC
SIGNATURE:DATE: **6/16/21**

LOCATION/RM #: **BLDG2** WO# **12889** ASSET # **190917-13323** **705,706**

START TIME: **2pm**FINISH TIME: **2:30pm**

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|---------------|----|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 1 | As needed, de-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. Follow lock out/tag out procedures at all times. | ✓ | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Check fan blades for dust buildup and clean if necessary. | ✓ | | fan blades are clean |
| 2 | Check fan blades and moving parts for cracks and excessive wear. | ✓ | | no cracks found no excessive wear |
| 3 | Tighten all electrical connectors to proper torque as needed. | ✓ | | electrical connections are tight |
| 4 | Check that the fan runs properly in all speeds as applicable. | ✓ | | fan runs properly in all settings |
| 5 | Check dampers and rotating auto diffusers for dirt accumulations, clean as necessary. Check felt, repair or replace as necessary. | ✓ | | all are good |
| 7 | Lubricate mechanical connections of dampers sparingly as applicable. | ✓ | | used white lithium grease |
| 8 | Check the valve(s) for signs of leakage and proper operation. If leak is detected, submit a CM. | ✓ | | no signs of leaks |
| 9 | Clean coils by brushing, blowing, vacuuming | ✓ | | coils are clean |
| 10 | Check coils for leaking, tightness of fittings. | ✓ | | no leaks found fittings are tight |
| 11 | Use fin comb to straighten coil fins as needed. | ✓ | | fins are straight |
| 12 | Check belts for wear and cracks, adjust tension or alignment as applicable. Replace belts when necessary. | ✓ | | no belts |
| 13 | Check rigid couplings for alignment on direct drives, and for tightness of assembly | ✓ | | direct drives assemblies are tight |
| 14 | Vacuum interior of unit. | ✓ | | Interiors of units are clean |
| 15 | Check filter door for proper gasketing and air leaks. Correct as needed. | ✓ | | no air leaks found |
| 16 | Change the filter as needed with the correct size and type filter. | ✓ | | Filter gets checked Quarterly |
| 17 | Insure that drain(s) are clear and running. - Install condensate tablet | ✓ | | drains are clear |
| 18 | Clean up work area. - Record Humidity level in area | ✓ | | Humidity % |

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To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FURNACE

ACTIVITY AND BLDG #: **NY127 BLDG2**MECHANIC
SIGNATURE: DATE: **6/16/21**LOCATION/RM #: **Mech room**WO# **12889**ASSET # **190917-691**START TIME: **1pm**FINISH TIME: **1:30pm**

| 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 | Replace air filter if applicable | ✓ | | air filter is new |
| 2 | Check the fire box liner or refractory for cracks and leaks. | ✓ | | no cracks or leaks found |
| 3 | Check smoke stack for obstructions, leaks, etc. | ✓ | | no obstructions found |
| 5 | Clean all fans and motors. | ✓ | | fans and motors are clean |
| 6 | Check operation of controls and safeties. | ✓ | | controls and safeties function properly |
| 7 | Lubricate as required. | ✓ | | |
| 8 | Check and clean plenum (clean cooling coils and check for leaks, if applicable) | ✓ | | plenum and coils are clean |
| 9 | Check all motors, belts, pulleys, shafts, etc. for alignment. | ✓ | | all are good |
| 10 | Report any rust issues and open a CM ticket | ✓ | | no issues found |
| 11 | Remove lock outs and tags. Restore fuel and power supply. | ✓ | | |

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: