

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 6/25/21

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. <u>WO#'S, 13061 , 13062 , 13262-13268 , 12881 ,</u> |
| 2. <u>13029 , 13030 , 13272 , 13282 , 13289 , 13303 ,</u> |
| 3. <u>13096 , 13304 , 13305 ,</u> |
| 4. <u>ASSET#'S, 9891 , 9896 , 9932 , 9935 , 9893-9897 ,</u> |
| 5. <u>9931 , 9943 , 9939 , 190917-, 248 , 245 , 269 , 264 ,</u> |
| <u>267 , 270 , 274 , 275</u> |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/25/21

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: SSGT maniewski Date: 6/25/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **AIR HANDLER**

SITE AND BLDG #: NY039 BLDG1

MECHANIC
SIGNATURE: 

DATE: 6/25/21

LOCATION/RM #: AHU ROOM WO# 13029 ASSET # 9891

START TIME: 8am

FINISH TIME: 8:30am

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|---------------|-------------------------------------|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 1 | Remove power at Drive or at Breaker Panel. Verify with tester or meter that power has been removed. Install lock out tag out if servicing alone or in confined space for safety precautions. | | <input checked="" type="checkbox"/> | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Check fan blades and moving parts for cracks and excessive wear. | | <input checked="" type="checkbox"/> | |
| 2 | Check running motor amperatures on all three phases (record in note column) notate L1, L2, and L3 amp draws.-Inspect contactors | | <input checked="" type="checkbox"/> | L1 _____ L2 _____ L3 _____ |
| 3 | Tighten all electrical connectors/lugs to proper torque. | | <input checked="" type="checkbox"/> | |
| 4 | If unit is a multi-zone air handler, then check each individual zone damper and associated controls. | | <input checked="" type="checkbox"/> | |
| 5 | Check bearing collar set screws on fan shaft to make sure they are tight. | | <input checked="" type="checkbox"/> | |
| 6 | Replace filters quarterly, replace as necessary. Check belt, repair or replace as necessary. | | <input checked="" type="checkbox"/> | |
| 7 | Check damper actuators and linkage for proper operation. Adjust linkage on dampers if out of alignment. | | <input checked="" type="checkbox"/> | |
| 8 | Lubricate mechanical bearings and connections sparingly. | | <input checked="" type="checkbox"/> | |
| 9 | Clean coils by brushing, blowing, vacuuming | | <input checked="" type="checkbox"/> | |
| 10 | Check coils for leaking, tightness of fittings. | | <input checked="" type="checkbox"/> | |
| 11 | Use fin comb to straighten coil fins. | | <input checked="" type="checkbox"/> | |
| 12 | Report any equipment rust or condensate pan rust -IF found open CM | | <input checked="" type="checkbox"/> | |
| 13 | Flush and clean condensate pans and drains, Hose down coils and drain pans and wash with an appropriate EPA approved solution approved solution. Treat condensate pans with an EPA approved biocide. | | <input checked="" type="checkbox"/> | |
| 14 | Check belts for wear and cracks, adjust tension or alignment. Replace belts when necessary. Multi-belt drives shall only be replaced with matched sets. | | <input checked="" type="checkbox"/> | |
| 15 | Check rigid couplings for alignment on direct drives, and for tightness of assembly. Check flexible couplings for alignment and wear. | | <input checked="" type="checkbox"/> | |

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|-------------|---|---------------|-------------------------------------|---|
| | | YES | NO | |
| 16 | Check and test freezestat for proper operation | | <input checked="" type="checkbox"/> | |
| 17 | Vacuum interior of unit. | | <input checked="" type="checkbox"/> | |
| 18 | Check filter doors and access doors for proper gasketing and air leaks. Correct as necessary. | | <input checked="" type="checkbox"/> | |
| 19 | Lubricate fan shaft bearings while unit is running. Add grease slowly until slight bleeding is noted from the seals. Do not over lubricate. Remove old or excess lubricant. | | <input checked="" type="checkbox"/> | |
| 20 | Clean up work area. | | <input checked="" type="checkbox"/> | |

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: HVAC Technician

Additional Notes:

this air handler is out of service and is waiting to be replaced