

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 6/22/21

Contractor Personnel on Site:

1. PATRICK BROWN 3. _____
2. _____ 4. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S, 12884, 12918-12921, 12976-12980, 13044, 13073,
2. 13074, 13148-13153, 13274, 13284, 13315, 13075,
3. 13154-13157, 13316, 13317
4. ASSET#'S, 10552-10558, 10547-10550, 10610, 10615, 10612,
5. 10611, 10617-10619, 10641, 10623-10625, 10642, 190917-, 423, 424, 427, 428, 451, 450, 423-428, 429, 448, 460, 462,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/22/21

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: MICHAEL MAROTTA Date: 6/22/21

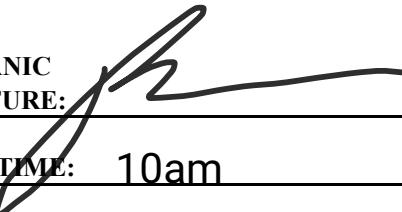
Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
SUMP PUMP

SITE AND BLDG #: **NY067 BLDG1**

boiler room
LOCATION/RM #: **WO# 13073** **ASSET # 10610**

MECHANIC
 SIGNATURE: 

DATE: **6/22/21**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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Excessive sediment and debris, not removed by flushing the pit should be handled on a project basis, and not considered under this standard.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove cover plates and flush pit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pit is clear
2	Inspect check valve.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	check valve functions properly
3	Inspect interior of pit for cracks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no cracks
4	Inspect cover plate is in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	cover plate is good
5	Insuure the unit is operating properly, report any deficiencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	unit functions properly
6	Clean up work area and remove all debris.	<input checked="" type="checkbox"/>	<input 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: General Maintenance Worker

Additional Notes: