

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 6/3/21

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 , 12890-12894, 12959, 12960, 13038, 13039, 13104,
2. 13105, 13283, 13306, 12961, 12962, 13066, 13106, 13107,
3. 13307
4. ASSET#'S , 10038-10042, 10035, 10036, 10066, 10069,
5. 10065, 10073-10077, 10080, 190917-294, 292, 299, 293,  
297, 298, 300, 303-306

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/3/21

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 PATRIC HANLON Date: 6/3/21


Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### UNIT HEATER, HOT WATER

SITE AND BLDG #: NY051 BLDG1  
 LOCATION/RM #: unit storage WO# 13104 ASSET # 10042

MECHANIC SIGNATURE:  DATE: 6/3/21  
 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	
SPECIAL INSTRUCTIONS				
1	Schedule shutdown with operating personnel.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	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	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no wear or leaks found
2	Clean the coils	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	coils are clean
3	Comb the fins as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fins are good
4	Clean all fans and motors.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fans and motors are clean
5	Check operation of controls and safeties.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	controls function properly
6	Lubricate as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	sealed motors
7	Check all motors, belts, pulleys, shafts, etc. for alignment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	direct drive and motors are good

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:**