

**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, INFRA-RED, RADIANT, GAS**

**SITE AND BLDG #:** NY051 BLDG2  
**maintenance bay**  
**LOCATION/RM #:** WO# 13106 ASSET # 10075

**MECHANIC SIGNATURE:**   
**DATE:** 6/3/21  
**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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	For gsa/oil heaters: 1. Remove access panels if applicable. 2. Check the fire box liner or refractory for cracks and leaks. 3. Check all gas lines for leaks. Repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are good
2	Clean dirt from heater, vaccuming is preferred.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	heater is clean
3	Check operation of gas valve.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	gas valve functions properly
4	Check for gas leaks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no gas leaks found
5	Check operation of thermostat.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	thermostat functions properly
6	If applicable, replace primary air intake filter.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	filters are new
7	As needed, clean spark electrode and reset gap, replace if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	electrode is good
8	Inspect flue pipe and connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	connections are good no leaks
9	If applicable, inspect and clean outside air blower and blower intake.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	blower is clean
10	Inspect unit for proper operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	unit functions properly
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no needed repairs

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:**