

**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. <u>PATRICK BROWN</u> | 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**  
**UNIT HEATER, INFRA-RED, RADIANT, GAS**

**SITE AND BLDG #:** NY067 BLDG2

**MECHANIC  
SIGNATURE:**

**DATE:** 6/22/21

**LOCATION/RM #:** BLDG2 **WO#** 13154 **ASSET #** 10623

**START TIME:** 2:45pm

**FINISH TIME:** 3pm

| CHECK<br>POINT                                    | CHECKPOINT DESCRIPTION   | TASK COMPLETE                       |                          | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|-------------------------------------|--------------------------|---|
|   |  | YES                                 | NO                       |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |  |                                     |                          |   |
| 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"/> |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |  |                                     |                          |   |
| 1   | For gsa/oil heaters:<br>1. Remove access panels if applicable.<br>2. Check the fire box liner or refractory for cracks and leaks.<br>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:**