

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 6/28/21

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

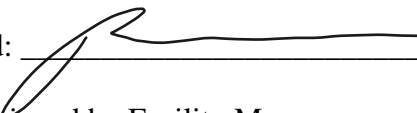
**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S, 12939 , 12997-12999 , 13213 , 13214 ,
2. 13270 , 13280 , 13288 , 13293 , 13081 , 13215 ,
3. 13271 , 13294
4. ASSET#'S , 9209-9213 , 9242 , 9265 , 9250 , 190917-,
5. 101 , 131 , 133-137 , 129 , 130 , 143 ,

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

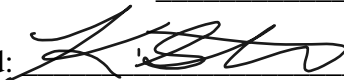
Print Name: Patrick Brown Date: 6/28/21

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 KEVIN STEWART Date: 6/28/21

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**KITCHEN HOOD**

ACTIVITY AND BLDG #: NY013 BLDG1

MECHANIC  
SIGNATURE: 

DATE: 6/28/21

LOCATION/RM #: kitchen WO# 13214 ASSET # 9242

START TIME: 9:30am

FINISH TIME: 10am

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	Clean all accessible surfaces thouroughly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	surfaces are clean
2	Check all louvers and dampers. If dampers must be moved to ensure complete cleaning, ensure they will be marked and returned to their original position to prevent unbalancing the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	louvers and dampers are good
3	Clean and/or replace filters, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	filters are clean
4	Enure unit is operating properly, not any deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no deficiencies

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:**