

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 6/25/21

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, 13061 , 13062 , 13262-13268 , 12881 ,
2. 13029 , 13030 , 13272 , 13282 , 13289 , 13303 ,
3. 13096 , 13304 , 13305 ,
4. ASSET#'S, 9891 , 9896 , 9932 , 9935 , 9893-9897 ,
5. 9931 , 9943 , 9939 , 190917-, 248 , 245 , 269 , 264 ,
267 , 270 , 274 , 275

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/25/21

Signed: 

To be signed by Facility Manager:

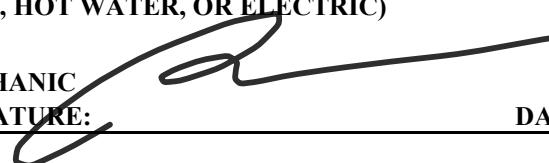
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SSGT maniewski Date: 6/25/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
RADIANT BASEBOARDS/CONVECTORS (STEAM, HOT WATER, OR ELECTRIC)

SITE AND BLDG #: **NY039 BLDG1**MECHANIC
SIGNATURE: DATE: **6/25/21**LOCATION/RM #: **BLDG1** WO# **13264** ASSET # **9895**START TIME: **11am**FINISH TIME: **11:30am**

| 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 | Check radiator valve for free turning and seating. Check packing. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | valves are good |
| 2 | Remove covers or wall panels. Note: Extreme care must be taken when removing marble or granite wall panels. These panels are extremely heavy and very fragile. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Check housing, braces, supports, hangers, and hardware for signs of deterioration or damage. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no signs of deterioration or damage |
| 4 | Check temperature or flow controls, shutoff valves, vents and traps for proper operation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | all are good |
| 5 | If radiator has automatic temperature regulating valve, remove valve cover and remove dirt by vacuuming. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | temperature valves are clean |
| 6 | For hot water radiators, check air bleed valve. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | air bleed valve function properly |
| 7 | Report any rust issues and open a CM ticket | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no rust issues found |
| 8 | Check coils, piping, and fin material for damage, leaks or looseness. Straighten finned material as necessary. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no damage or leaks found |
| 9 | Vacuum out finned tube area and interior housing. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | fin tubes are clean |
| 10 | Clean and replace covers or wall panels and caulk wall panels as required. Clean work area. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | covers 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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: