

**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
UNIT HEATER, INFRA-RED, RADIANT, GAS

SITE AND BLDG #: **NY039 BLDG2**MECHANIC
SIGNATURE:DATE: **6/25/21**LOCATION/RM #: **BLDG2** WO# **13268** ASSET # **9939**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"/>	
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"/>	
2	Clean dirt from heater, vaccuming is preferred.		<input checked="" type="checkbox"/>	
3	Check operation of gas valve.		<input checked="" type="checkbox"/>	
4	Check for gas leaks.		<input checked="" type="checkbox"/>	
5	Check operation of thermostat.		<input checked="" type="checkbox"/>	
6	If applicable, replace primary air intake filter.		<input checked="" type="checkbox"/>	
7	As needed, clean spark electrode and reset gap, replace if necessary.		<input checked="" type="checkbox"/>	
8	Inspect flue pipe and connections.		<input checked="" type="checkbox"/>	
9	If applicable, inspect and clean outside air blower and blower intake.		<input checked="" type="checkbox"/>	
10	Inspect unit for proper operation.		<input checked="" type="checkbox"/>	
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.		<input checked="" type="checkbox"/>	

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: HVAC Technician

Additional Notes:

these unit heaters have not function properly for a long time they need to be replaced there is already a work order in for these