

**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. <u>PATRICK BROWN</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

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

- |   |
|---|
| 1. <u>WO#'S, 13061 , 13062 , 13262-13268 , 12881 ,</u>          |
| 2. <u>13029 , 13030 , 13272 , 13282 , 13289 , 13303 ,</u>       |
| 3. <u>13096 , 13304 , 13305 ,</u>                               |
| 4. <u>ASSET#'S, 9891 , 9896 , 9932 , 9935 , 9893-9897 ,</u>     |
| 5. <u>9931 , 9943 , 9939 , 190917-, 248 , 245 , 269 , 264 ,</u> |
| <u>267 , 270 , 274 , 275</u>                                    |

**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

### SUMP PUMP

SITE AND BLDG #: NY039 BLDG1

MECHANIC  
SIGNATURE: 

DATE: 6/25/21

LOCATION/RM #: boiler room

WO# 13289

ASSET # 190917-264

START TIME: 12pm

FINISH TIME: 12:15pm

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 checked="" type="checkbox"/>	
2	Excessive sediment and debris, not removed by flushing the pit should be handled on a project basis, and not considered under this standard.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove cover plates and flush pit.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	pit is clear
2	Inspect check valve.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	check valve functions properly
3	Inspect interior of pit for cracks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no cracks
4	Inspect cover plate is in place	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	cover plate is good
5	Insuure the unit is operating properly, report any deficiencies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	unit functions properly
6	Clean up work area and remove all debris.	<input checked="" type="checkbox"/>	<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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**