

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 6/16/21

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, 12888 , 13278 , 13291 , 13322 , 12889 , 13279 , 13287 ,
2. 13292 , 13323 , 13324 ,
3. ASSET#'S, 190917- , 606-611 , 617-620 , 634 , 635 , 604 , 643 , 641 ,
4. 679-681 , 691 , 695-699 , 705 , 706 , 690 , 713 , 724 , 701 , 704 ,
5. 705 , 706 , 725 , 726 , 730 ,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/16/21

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: LARS LUFFMAN Date: 6/16/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
GREASE TRAP

SITE AND BLDG #: **NY127 BLDG1**MECHANIC
SIGNATURE: DATE: **6/16/21****Outside BLDG1**LOCATION/RM #: **WO# 13291 ASSET # 190917-643**START TIME: **11:30am**FINISH TIME: **11:45am**

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"/>	
2	Insure proper grease disposal.-Tanks are pumped by local septic companies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove lid. If the trap is equipped with removable baffles, remove them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Make sure the flow restrictor on the inflow pipe is present.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	flow restrictor is present
3	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no damaged or missing parts
4	Replace lid and baffles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	baffles and lids have been reinstalled
5	Record grease trap maintenance activities on your log or request a receipt from your grease hauler. Keep records for 3 years. -In Maximo under WO#	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no grease hauler used

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 Technician

Additional Notes: