

**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 **UNIT HEATER, HOT WATER**

SITE AND BLDG #: NY127 BLDG1

MECHANIC
SIGNATURE: 

DATE: 6/16/21

LOCATION/RM #: 13322 WO# ASSET # 190917-634
635,641

START TIME: 12pm

FINISH TIME: 12:30pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Schedule shutdown with operating personnel.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	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"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no wear or leaks found
2	Clean the coils	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	coils are clean
3	Comb the fins as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fins are good
4	Clean all fans and motors.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fans and motors are clean
5	Check operation of controls and safeties.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	controls function properly
6	Lubricate as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	sealed motors
7	Check all motors, belts, pulleys, shafts, etc. for alignment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	direct drive and motors 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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

LIGHTING, OUTSIDE

SITE AND BLDG #: NY127 BLDG1

MECHANIC
SIGNATURE: 

DATE: 6/16/21

LOCATION/RM #: Outside BLDG1

WO# 13322

ASSET # 190917-,
679, 680, 681

START TIME: 12:30pm

FINISH TIME: 1pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Schedule and coordinate work with operating personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	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	Inspect lighting contactor for pitting or arcing - report issues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no pitting or arcing
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no evidence of overheating
3	Check for proper light operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	lights function properly
4	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all function properly
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	light pole and mounting are good
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no noted deficiency

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
KITCHEN HOOD

ACTIVITY AND BLDG #: NY127 BLDG1

MECHANIC
SIGNATURE: 

DATE: 6/6/21

LOCATION/RM #: kitchen WO# 13322 ASSET # 190917-620

START TIME: 11:45am

FINISH TIME: 12pm

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FAN COIL UNIT

SITE AND BLDG #: NY127 BLDG1

MECHANIC
SIGNATURE: 

DATE: 6/16/21

LOCATION/RM #: BLDG1 WO# 12888 ASSET # 190917-
13322 609-611

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	As needed, de-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. Follow lock out/tag out procedures at all times.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check fan blades for dust buildup and clean if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fan blades are clean
2	Check fan blades and moving parts for cracks and excessive wear.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no cracks found no excessive wear
3	Tighten all electrical connectors to proper torque asneeded.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	electrical connections are tight
4	Check that the fan runs properly in all speeds as applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fan runs properly in all settings
5	Check dampers and rotating auto diffusers for dirt accumulations, clean as necessary. Check felt, repair or replace as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are good
7	Lubricate mechanical connections of dampers sparingly as applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	used white lithium grease
8	Check the valve(s) for signs of leakage and proper operation. If leak is detected, submit a CM.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no signs of leaks
9	Clean coils by brushing, blowing, vacuuming	<input checked="" type="checkbox"/>	<input type="checkbox"/>	coils are clean
10	Check coils for leaking, tightness of fittings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no leaks found fittings are tight
11	Use fin comb to straighten coil fins as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	finns are straight
12	Check belts for wear and cracks, adjust tension or alignment as applicable. Replace belts when necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no belts
13	Check rigid couplings for alignment on direct drives, and for tightness of assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	direct drives assemblies are tight
14	Vacuum interior of unit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Interiors of units are clean
15	Check filter door for proper gasketing and air leaks. Correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no air leaks found
16	Change the filter as needed with the correct size and type filter.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Filter gets checked Quarterly
17	Insure that drain(s) are clear and running.- Install condensate tablet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	drains are clear
18	Clean up work area. - Record Humidity level in area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Humidity %

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To be performed by: General Maintenance Worker

Additional Notes: