

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 7/16/21

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 , 13384-13391 , 13804 , 13805 , 13833 , 13834 , 13931 ,
2. 13945 , 13951 , 13964 , 13835 , 13932 , 13952
3. ASSET#'S , 10055-10062 , 10066 , 10069-10071 , 10078 , 190917- ,
4. 289 , 290 , 294 , 299 , 277 , 285 , 307-310 , 302
5. \_\_\_\_\_

---

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/16/21

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: SFC ERIC ABBOTT Date: 7/16/21

Signed: 

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**PLUMBING FIXTURES**

SITE AND BLDG #: **NY051 BLDG1**

LOCATION/RM #: **BLDG1** WO# **13384-13391** ASSET # **10055-10062**

MECHANIC  
SIGNATURE: DATE: **7/16/21**START TIME: **7:30am**FINISH TIME: **8:30am**

CHECK POINT	CHECKPOINT DESCRIPTION	13931	190917290	TASK COMPLETE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)	
					SPECIAL INSTRUCTIONS	
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered.			<input checked="" type="checkbox"/>		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>						
1	SINKS - Operate faucets, inspect for leaks, replace washers/"O" rings as necessary. Observe drain flow, clean trap if obstructed. Replace filter as needed.			<input checked="" type="checkbox"/>	trap is clear no leaks	
2	SHOWER HEADS, MIXING VALVES - Check shower for damaged, missing, or leaking heads; replace as required. Check mixing valves for damaged or missing parts; replace washers as needed.			<input checked="" type="checkbox"/>	no damaged or missing parts	
3	SHOWER STALLS - Check for leaks, cracks, significant wear or vandalism.			<input checked="" type="checkbox"/>	no leaks cracks or significant wear	
4	TOILETS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps, seat supports, and replace.			<input checked="" type="checkbox"/>	water flows good no leaks or damage	
5	URINALS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps and replace.			<input checked="" type="checkbox"/>	no leaks or missing parts	
6	OTHER MISCELLANEOUS FIXTURES - Clean and inspect for any damage. Check for leaks, missing or damaged parts, caps, etc. Replace as needed.			<input checked="" type="checkbox"/>	no leaks or damaged parts	

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:**