

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 7/27/21

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, 13614-13622 , 13886-13889 , 13928 , 13942 ,
  2. 13623-13628 , 13890 , 13891 , 13929
  3. ASSET#'S, 9231-9239 , 9215 , 9246 , 9248 , 9249 , 9255-9260 ,
  4. 9251 , 9264 , 190917- , 120-123 , 131 , 142 ,
  5. \_\_\_\_\_
- 

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/27/21

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:

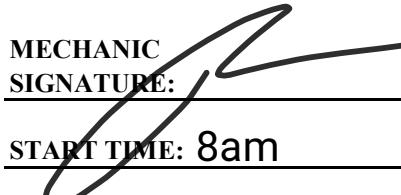
Print Name/Rank: SFC KEVIN STEWART Date: 7/27/21

Signed: 

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

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

SITE AND BLDG #: NY013 BLDG1 9231-9239  
 LOCATION/RM #: BLDG1 13614-13622 9231-9239  
 WO# 13928 ASSET # 190917,-12  
0-122

MECHANIC SIGNATURE:   
 DATE: 7/27/21

START TIME: 8am FINISH TIME: 9am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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: