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
2. _____
3. _____
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 BLDG2

MECHANIC SIGNATURE:

DATE: 7/27/21

LOCATION/RM #: BLDG2 **WO#** 13623-13628 **ASSET #** 9255-9260

START TIME: 11am **FINISH TIME:** 12pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE YES	TASK COMPLETE NO	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.	✓		
	TO BE PERFORMED AT EACH INSPECTION SERVICE			
1	SINKS - Operate faucets, inspect for leaks, replace washers/"O" rings as necessary. Observe drain flow, clean trap if obstructed. Replace filter as needed.	✓		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.	✓		no damaged or missing parts
3	SHOWER STALLS - Check for leaks, cracks, significant wear or vandalism.	✓		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.	✓		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.	✓		no leaks or missing parts
6	OTHER MISCELLANEOUS FIXTURES - Clean and innspect for any damage. Check for leaks, missing or damaged parts, caps, etc. Replace as needed.	✓		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 discription of the deficiency.

To be perfomed by: General Maintenance Worker

Additional Notes: