

**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. <u>PATRICK BROWN</u> | 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

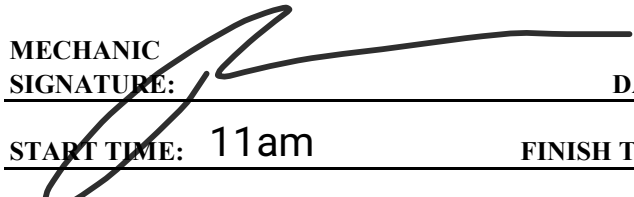
Signed: \_\_\_\_\_

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### PLUMBING FIXTURES

SITE AND BLDG #: NY013 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 |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|-------------------------------------------------------------------------|
|                                            |                                                                                                                                                                                      | YES           | NO |                                                                         |
| 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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**