

**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** **DEHUMIDIFIER**

**SITE AND BLDG #:** NY013 BLDG2

**MECHANIC  
SIGNATURE:** 

**DATE:** 7/27/21

**LOCATION/RM #:** N/A      **WO#** 13890      **ASSET #** 9251

**START TIME:** 12pm

**FINISH TIME:** 12:15pm

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"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check water inlet and outlet for any leaks, repair as needed.		<input checked="" type="checkbox"/>	
2	Clean and/or replace filter as needed. -Record space humidity		<input checked="" type="checkbox"/>	Space Humidity <u>0</u> %
3	If applicable, check hours per usage, replace tanks's as needed.		<input checked="" type="checkbox"/>	

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:**

there is no dehumidifier in building 2