

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 7/20/21

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 , 13773-13798 , 13827 , 13828 , 13923-13925 , 13930 ,
2. 13944 , 13963 , 13926 , 13927 ,
3. ASSET#'S , 9903-9928 , 9932 , 9935-9938 , 9942 , 9948 , 190917-,
4. 255-262 , 269 , 246 , 247
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/20/21

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: SSGT CONTRERAS Date: 7/20/21

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ISOLATION VALVE

SITE AND BLDG #: NY039 BLDG1

MECHANIC
SIGNATURE: 

DATE: 7/20/21

LOCATION/RM #: boiler room WO# 13930 ASSET # 190917-261

START TIME: 12:30pm

FINISH TIME: 1pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect valve for damage and/or leaks.			no damage or leaks found
2	Exercise valve (at least 2 times per year) to ensure proper function. If valve does not function properly and/or leaks, open CM ticket for repair. Note the location of the valve.			valves have been worked

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.

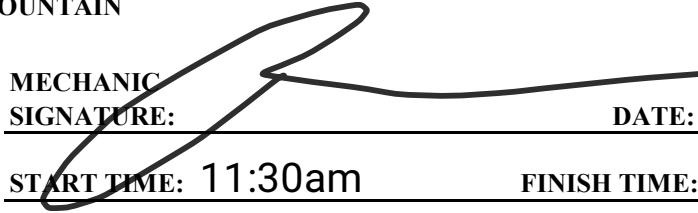
To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

DRINKING FOUNTAIN

SITE AND BLDG #: NY039 BLDG1

MECHANIC
SIGNATURE: 

DATE: 7/20/21

LOCATION/RM #: BLDG1 WO# 13930 ASSET # 190917-
255-259

START TIME: 11:30am

FINISH TIME: 12:30am

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.	☒	☐	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Clean compressor compartment including coils, fan, compressor and other components.	☒	☐	all are clean
2	If applicable, replace filter as required.	☒	☐	filter is good
3	Clean evaporator drain pan and drain piping as needed.	☒	☐	evaporator pan is clean
4	Check for water leaks in supply and drain lines.	☒	☐	no leaks in supply lines
5	Check electrical wiring for fraying and loose connections.	☒	☐	no fraying or loose connections
6	Lubricate fan bearing motors, as needed.	☒	☒	fan bearings do not need to be lubricated
7	Check operation of unit for unusual noise, vibration, short cycling, and water temperature.	☒	☐	no unusual noise or vibration
8	Check mouthpiece water pressure; adjust as required.	☒	☐	water pressure at mouthpiece is good
9	Clean unit, removing any dust, dirt, calcium buildup, etc.	☒	☐	unit is clean

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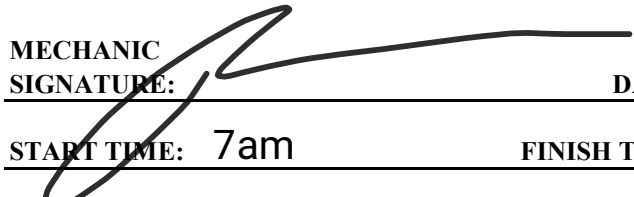
To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

PLUMBING FIXTURES

SITE AND BLDG #: NY039 BLDG1

MECHANIC
SIGNATURE: 

DATE: 7/20/21

LOCATION/RM #: BLDG1 13773-13798 9903-9928
WO# 13930 ASSET # 190917-260,

START TIME: 7am

FINISH TIME: 9am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (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 inspect for any damage. Check for leaks, missing or damaged parts, caps, etc. Replace as needed.	✓		no leaks or damaged parts

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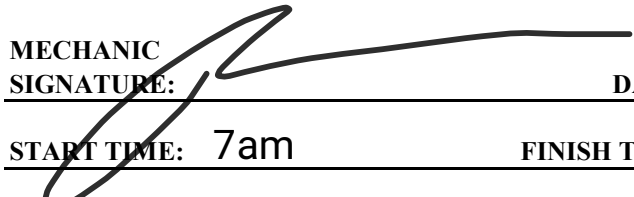
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