

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 7/16/21

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 , 13384-13391 , 13804 , 13805 , 13833 , 13834 , 13931 ,
2. 13945 , 13951 , 13964 , 13835 , 13932 , 13952
3. ASSET#'S , 10055-10062 , 10066 , 10069-10071 , 10078 , 190917- ,
4. 289 , 290 , 294 , 299 , 277 , 285 , 307-310 , 302
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/16/21

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 ERIC ABBOTT Date: 7/16/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DRINKING FOUNTAIN

SITE AND BLDG #: **NY051 BLDG1**MECHANIC
SIGNATURE:DATE: **7/16/21**LOCATION/RM #: **hallway** WO# **13931**ASSET # **190917-289**START TIME: **10:30am**FINISH TIME: **11am**

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

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
PLUMBING FIXTURES

SITE AND BLDG #: **NY051 BLDG1**

LOCATION/RM #: **BLDG1** WO# **13384-13391** ASSET # **10055-10062**

MECHANIC
SIGNATURE: DATE: **7/16/21**START TIME: **7:30am**FINISH TIME: **8:30am**

| CHECK POINT | CHECKPOINT DESCRIPTION | 13931 | 190917290 | TASK COMPLETE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 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. | | | <input checked="" type="checkbox"/> | | |
| 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. | | | <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 | |

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To be performed by: General Maintenance Worker

Additional Notes: