

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 7/15/21

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 , 13476-13498 , 13810 , 13862-13864 , 13934 , 13946 ,
 2. 13954 , 13499-13504 , 13865 , 13866 , 13935 , 13955 , 13867 ,
 3. 13868 , 13956 ,
 4. ASSET#'S , 10582-10584 , 10586-10593 , 10596-10607 , 10612 ,
 5. 10620-10622 , 10630-10635 , 10639 , 10640 , 10645 , 10646 ,
190917-, 438-445 , 450 , 421 , 457 , 454 , 461
-

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/15/21

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 WILLIAM MONTES Date: 7/15/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

PLUMBING FIXTURES

SITE AND BLDG #: NY067 BLDG1

MECHANIC
SIGNATURE: 

DATE: 7/15/21

LOCATION/RM #: BLDG1 13476-13498, see below
WO# 13934 ASSET #

START TIME: 8am

FINISH TIME: 9:30am

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.	<input checked="" type="checkbox"/>	<input 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"/>	<input 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"/>	<input type="checkbox"/>	no damaged or missing parts
3	SHOWER STALLS - Check for leaks, cracks, significant wear or vandalism.	<input checked="" type="checkbox"/>	<input 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"/>	<input 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"/>	<input type="checkbox"/>	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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:

ASSET#'S ,10582-10584,
10586-10593 , 10596-10607 ,
190917-,440-445 ,

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

DRINKING FOUNTAIN

SITE AND BLDG #: NY067 BLDG1

MECHANIC
SIGNATURE: 

DATE: 7/15/21

LOCATION/RM #: BLDG1 WO# 13934 ASSET # 190917-
438,439

START TIME: 11am

FINISH TIME: 11:30am

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.	<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: