

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 7/19/21

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 , 13941 , 13949 , 13961 , 13969 , 13962 , 13970 ,
2. 13939 , 13960 , 13968 , 13940 ,
3. ASSET#'S , 190917- , 717-724 , 712 , 687 , 729 , 732 , 630 ,
4. 647 , 650 , 658 , 662-676 , 684 , 602 , 621 , 644 , 689
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/19/21

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: SSG O'CONNOR Date: 7/19/21

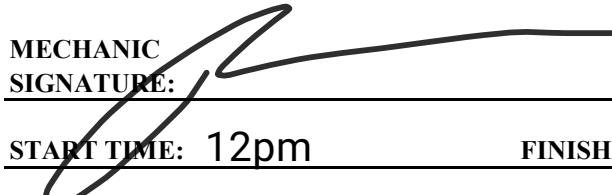
Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
PLUMBING FIXTURES

SITE AND BLDG #: **NY127 BLDG2**

LOCATION/RM #: **BLDG2** WO# **13941** ASSET # **190917-717-722**

MECHANIC
SIGNATURE: DATE: **7/19/21**START TIME: **12pm**FINISH TIME: **1pm**

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"/>		
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

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
DRINKING FOUNTAIN

SITE AND BLDG #: NY127 BLDG2MECHANIC
SIGNATURE:DATE: 7/19/21

LOCATION/RM #: BLDG2 WO# 13941 ASSET # 190917-723 START TIME: 1pm FINISH TIME: 1:30pm

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: