

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NYO51 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 DEHUMIDIFIER

SITE AND BLDG #: NY051 BLDG1MECHANIC
SIGNATURE: DATE: 7/16/21LOCATION/RM #: vault WO# 13964 ASSET # 190917-285START TIME: 12pmFINISH TIME: 12:30pm

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	Check water inlet and outlet for any leaks, repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no leaks found
2	Clean and/or replace filter as needed. -Record space humidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Space Humidity <u>48</u> %
3	If applicable, check hours per usage, replace tanks's as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no hour meter

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: