

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 8/23/21

Contractor Personnel on Site:

1. PATRICK BROWN 3. _____
2. _____ 4. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S, 13999, 14021, 14022, 14050-14053, 14247, 14248,
 2. 14314, 14344, 14357, 14370, 14371, 14249
 3. ASSET#'S, 10043, 10066, 10069, 10044, 10045, 10067,
 4. 10068, 10063, 10079, 190917-, 288, 294, 299, 280-284, 295,
 5. 296, 279, 286, 301,
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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/23/21

Signed: 

To be signed by Facility Manager:

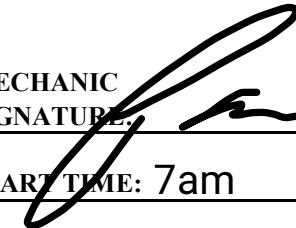
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SGT ALEJANDRO Alcala Date: 8/23/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
VAV BOX

SITE AND BLDG #: **NY051 BLDG1**13999, **10043,**LOCATION/RM #: **BLDG1** WO# **14370** ASSET # **190917-279**MECHANIC
SIGNATURE: DATE: **8/23/21**START TIME: **7am**FINISH TIME: **8am**

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	If EMS system permits, check that the operating controls activate damper per design specifications.-	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Record CFM AIR FLOW 175-358
2	If required, check damper linkage for tightness and lightly lubricate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	If required, inspect dampers for free movement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	If required, inspect actuators for tightness to mounting brackets.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	As needed, tighten electrical connections to servo motor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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: HVAC Technician

Additional Notes: