

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 8/3/21

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 , 14010 , 14027 , 14116-14122 , 14261 , 14262 , 14345 ,
  2. 14359 , 14374 , 14375 , 14123-14125 , 14360 , 14376 , 14126 ,
  3. 14127
  4. ASSET#'S , 10568 , 10612-10614 , 10559 , 10560 , 10566-10568 ,
  5. 10608 , 10609 , 10636-10638 , 10643 , 10644 , 190917- , 450 ,  
430-433 , 446 , 449 , 434 , 447 , 452 , 455 , 458 , 459
- 

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/3/21

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: AMMIE MEARERO Date: 8/3/21

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **EXPANSION TANKS**

SITE AND BLDG #: NY067 BLDG2

MECHANIC  
SIGNATURE: 

DATE: 8/3/21

LOCATION/RM #: BLDG2 WO# 14360 ASSET #190917-455

START TIME: 3pm

FINISH TIME: 3:15pm

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.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed.	✓		no sign of corrosion or leaks
2	If applicable, Check sight glass, insure level is between 1/2 and 3/4 sight glass. Correct as needed.		✓	no sight glass
3	If applicable, check tank pressure via schrader valve. Correct as needed.	✓		pressure is correct

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:**