

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 8/6/21

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 , 14320-14321 , 14337-14339 , 14364 , 14382 , 14383 ,
2. 14323 , 14324 , 14340 , 14348 , 14365 , 14384
3. ASSET#'S , 190917-, 631 , 632 , 633 , 603 , 622-627 , 642 , 645 ,
4. 651 , 652 , 659 , 660 , 686 , 615 , 616 , 636-640 , 683 , 702 , 709 ,
5. 724 , 703 , 707 , 710 , 711 , 714 , 716 , 700 , 708

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/6/21

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: LARS LUFFMAN Date: 8/6/21

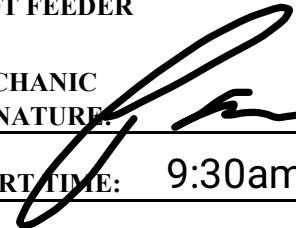
Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
CHEMICAL BYPASS/POT FEEDER

SITE AND BLDG #: **NY127 BLDG1**

MECH room

LOCATION/RM #: **WO#14364 ASSET # 190917-603**MECHANIC
SIGNATURE: DATE: **5/27/21**START TIME: **9:30am**FINISH TIME: **9:45am**

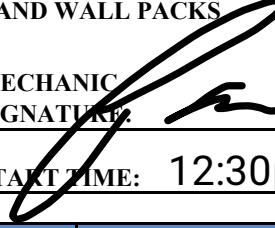
CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check physical condition of feeder. Clean and/or repair as needed.			feeder is in good condition
2	Check valves for proper operation. Ensure no leaks are present and repair as needed.			valves function properly

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
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: **NY127 BLDG1**MECHANIC
SIGNATURE: DATE: **8/6/21**LOCATION/RM #: **BLDG1** WO# **14364** ASSET # **190917-686**START TIME: **12:30pm**FINISH TIME: **1pm**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect for structural defects, note needed repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no structural defects
2	Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket	<input checked="" type="checkbox"/>	<input type="checkbox"/>	units function properly
3	Clean exterior with dry cloth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	units have been wiped down
4	For Exit lights check for proper arrow direction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Arrow directions are proper
5	Make and/or recommend any needed repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no repairs needed

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
DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: NY127 BLDG1

190917-

MECHANIC
SIGNATURE

DATE: 8/6/21

MECH room

LOCATION/RM #:

WO# 14364

ASSET # 642,651,652

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.	✓	/	
2	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.	✓	/	
3	Do not allow any open flames around equipment.	✓	/	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Attach drain hose. Drain several gallons from tank to remove sediment.	✓	/	drained water for several minutes
2	Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge.	✓	/	safety valve function properly no corrosion
3	Check all connections - electric, gas and water. Tighten as necessary.	✓	/	all connections are tight
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses.	✓	/	water temperature is correct
5	Clean water heater exterior.	✓	/	exterior is clean
6	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.	✓	/	no pump
7	Soap test for gas leaks, if leaks are found notify facility manager and AFOS immediately.	✓	/	used electronic device no leaks found
8	Clean up work area and remove trash.	✓	/	

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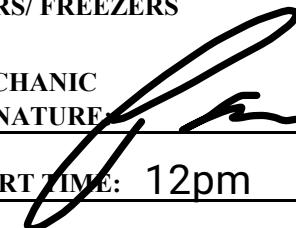
To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: **NY127 BLDG1**

190917-

MECHANIC
SIGNATURE: DATE: **8/6/21**LOCATION/RM #: **kitchen** WO# **14364**ASSET # **659,660**START TIME: **12pm**FINISH TIME: **12:30pm**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	De-energize, lock out, and tag electrical circuits.	✓	/	
2	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	✓	/	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	✓	/	no deficiencies noted
2	Verify indicator light on; check compartment temperature.	✓	/	compartment temperature is correct
3	Examine evaporator for proper clearances/slope and air flow.	✓	/	evaporator slope is good
4	Examine handles, hinges and tightness of door closure.	✓	/	handles and hinges are good
5	Examine safety door release and fan shut down safety switch.	✓	/	switches function properly
6	Inspect lighting for burnt out lamps. Replace if required.	✓	/	no burnt out lamps
7	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	✓	/	evaporator coil drain and pan are good
8	Clean condenser coil and condensing unit section.	✓	/	condensing coil is clean
9	Clean and inspect defrost evaporation trays/pans.	✓	/	trays are clean
10	Check operation of thermostats; calibrated as required.	✓	/	thermostat functions properly
11	Check coil superheat and adjust to manufacturers recommendations.	✓	/	superheat is correct
12	Inspect and service all electric motors.	✓	/	electrical motors are good
13	Check box floor for water or ice accumulation.	✓	/	no water or ice accumulation
14	Clean up area and note any deficiencies.	✓	/	no deficiencies noted

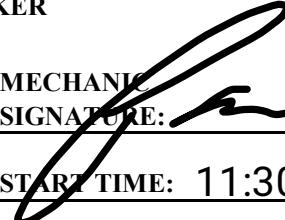
Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ICE MAKER

SITE AND BLDG #: NY127 BLDG1

MECHANIC
SIGNATURE: 

DATE: 8/6/21

LOCATION/RM #: kitchen WO# 14364 ASSET # 190917-645

START TIME: 11:30am

FINISH TIME: 12pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	De-energize, lock out, and tag electrical circuits.	✓	/	
2	Only approved cleaning chemicals shall be used.	✓	/	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	✓	/	no deficiencies noted
2	Visually check for refrigerant, oil and water leaks.	✓	/	no leaks found
3	Inspect ice condition/size.	✓	/	ice size and condition are good
4	Clean air filter	✓	/	air filter is clean
5	As needed, drain and clean unit with proper ice machine cleaning solution. Drain and clean at a minimum of annually.	✓	/	unit has been properly cleaned
6	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.	✓	/	no water filter present
7	Check and tighten any loose screw-type electrical connections.	✓	/	all screws are tight
8	Check all controls; adjust if necessary.	✓	/	controls are good
9	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	✓	/	valves and doors are good
10	Check and clear ice machine draining system (drain vent, strainer, trap).	✓	/	drain vent and strainer are clear
11	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	✓	/	doors hinges and gaskets are good
12	Clean motor, compressor, and condenser coil.	✓	/	all are 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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
GLYCOL TANK

SITE AND BLDG #: NY127 BLDG1

MECH ROOM

LOCATION/RM #:

WO# 14364

ASSET # 190917-
626,627MECHANIC
SIGNATURE: 

DATE: 8/6/21

START TIME: 10:30am

FINISH TIME: 11am

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, gauges, structural supports, manholes, and handholes for leaks, signs of corrosion, or other defects.	✓		no signs of defects or leaks
2	Clean, test and inspect sight glasses, valves, fittings, drains, and controls.	✓		all are good
3	Check condition of agitators and/or float assemblies.	✓		assemblies are good
4	If applicable, clean strainer(s).	✓		strainer is clean
5	Clean up work site.- Report any issues	✓		no issues

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
EXPANSION TANKS

SITE AND BLDG #: NY127 BLDG1

MECH ROOM

LOCATION/RM #:

WO# 14364

ASSET # 190917-
622-625MECHANIC
SIGNATURE: 

DATE: 8/6/21

START TIME: 9:45 am

FINISH TIME: 10:30am

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	Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no sight glass
3	If applicable, check tank pressure via schrader valve. Correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pressure is correct

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To be performed by: General Maintenance Worker

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