

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 9/23/21

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. <u>WO#'S, 14516 , 14517 , 14576-14578 , 14768-14771 , 14811 , 14817 ,</u> |
| 2. <u>14821 , 14650 , 14822</u>  |
| 3. <u>ASSET#'S, 9218 , 9219, 9209-9211 , 9216 , 9265 , 190917-, 131 ,</u>    |
| 4. <u>133 , 134 , 104-118 , 138-140</u>                                      |
| 5. _____   |

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/23/21

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: SFC KEVIN STEWART Date: 9/23/21

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**BOILER - ELECTRIC, GAS, OIL**

SITE AND BLDG #: NY013 BLDG1

boiler room

 LOCATION/RM #:      WO# 14516, ASSET # 9218  
    14517                      9219
MECHANIC  
SIGNATURE: 

DATE: 9/23/21

START TIME: 8am

FINISH TIME: 9am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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. Wear appropriate respirator, goggles, and gloves while in contact with hazardous materials.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	All automatically and manually operated control devices provided for controlling operation and safety of the vessel, steam or water pressure, hot water temperature, combustion, and boiler water level shall be inspected under operating conditions.-By Argent Inspectors -3rd party	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	All associated valves and piping, pressure and temperature indicating devices, metering and recording devices, and all boiler auxiliaries shall be inspected under operating conditions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Prepare boiler for internal inspection in the following manner:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Fuel supply and ignition system shall be locked out.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Water shall be drawn off and water side thoroughly washed out.-as required by PWS guide lines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Manhole and handhole plates, washout plugs, and inspection plugs in water column connections shall be removed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	The boiler shall be cooled and ready for 3rd party annual certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Pressure gage(s) shall be tested.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	If a boiler has not been properly prepared for an internal inspection, the inspector should decline to make the inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	Account for all tools, materials, and equipment before closing boiler.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check boiler room for ventilation in accordance with the American Gas Association (AGA) burner requirements.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ventilation is good
2	Check operation of all gas controls and valves including: manual gas shutoff; petal gas regulator; safety shutoff valve (solenoid); automatic gas valve; petal solenoid valve; butterfly gas valve, motor, and linkage to air louver; safety petal solenoid (if used.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	gas valves and safety gas valves function properly

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
3	Check flue connections for tight joints and minimum resistance to air flow. (combustion chamber, flues, breaching, and chimney are clear before firing.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are good
4	Draft regulators require slightly negative pressure in the combustion chamber at maximum input.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	pressure is good
5	On forced draft burners, gas manifold pressure requirements should correspond with modulating (butterfly) valve in full open position and stable at all other firing rates.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	gas pressure and butterfly valve are stable
6	Check burner for flashback and tight shutoff of fuel.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	flame is good
7	Check operation of automatic controls and combustion flame safeguards. Clean and adjust, if necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	controls function properly
8	Replace fusible plugs, if applicable.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no fusible plugs
9	Operation and adjustments should conform with manufacturer's instructions.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no adjustments 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 discription of the deficiency.

To be performed by: HVAC Technician

**Additional Notes:**