

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 8/31/21

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 , 14411 , 14493 , 14494 , 14555-14559 , 14616 , 14642 ,
2. 14643 , 14723-14727 , 14808 , 14815 , 14833 , 14495 , 14644 ,
3. ASSET#'S , 10564 , 10565 , 10547-10550 , 10558 , 10612 ,
4. 10610 , 10615 , 10558 , 10628 , 10641 , 190917- , 423 , 424 ,
5. 427 , 428 , 420 , 450 , 422

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/31/21

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: 8/31/21

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### GREASE TRAP

SITE AND BLDG #: NY067 BLDG1

MECHANIC  
SIGNATURE: 

DATE: 8/31/21

LOCATION/RM #: kitchen WO#14643 ASSET # 10615

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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Insure proper grease disposal.-Tanks are pumped by local septic companies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove lid. If the trap is equipped with removable baffles, remove them.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Make sure the flow restrictor on the inflow pipe is present.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	flow restrictor is present
3	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no damaged or missing parts
4	Replace lid and baffles.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	baffles and lids have been reinstalled
5	Record grease trap maintenance activities on your log or request a receipt from your grease hauler. Keep records for 3 years. -In Maximo under WO#	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no grease hauler used

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 Technician

**Additional Notes:**