

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 9/22/21

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 , 14415 , 14465-14468 , 14538 , 14539 , 14610 , 14611 ,
2. 14666-14668 , 14806 , 14814 , 14830 , 14540 , 14541 , 14635 , 14669 ,
3. 14670
4. ASSET#'S , 10064 , 10051-10053 , 10035 , 10036 , 10066 , 10069 ,
5. 10046 , 10073 , 10077 , 10080 , 190917-, 276 , 291 , 294 , 299 , 278

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/22/21

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: SSG Jimmy Almonor Date: 9/22/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

PTAC

SITE AND BLDG #: NY051 BLDG2
 maintenance bay office
 LOCATION/RM #: _____ WO# 14670 ASSET # 10077

MECHANIC SIGNATURE: _____ DATE: 9/22/21
 START TIME: 2:30pm FINISH TIME: 3pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Schedule shutdown with operating personnel, as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	As needed, de-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. Follow lock out/tag out procedures at all times.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Clean the filter with a vacuum or running water. Inspect filter quarterly, replace/clean as needed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	filter has been rinsed
2	Remove the front grille and clean it with a dampened cloth.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grill is clean
3	Inspect the control panel door and plug. Repair deficiencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no deficiencies found
4	Check the caulking around the PTAC wall sleeve to make sure all air and water openings are properly sealed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all openings are properly sealed
5	Check that condensate drains properly. Remove any debris/blockages.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	condensate drains correctly
6	Clean condenser coils with proper coil cleaner.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	coils are clean
7	Place drain pan cleaner tablet in the basepan to inhibit bacteria growth.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	tablet is good
8	Check clearance around the HVAC unit to ensure that the intake air and discharge air paths are not blocked or restricted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	air paths are not blocked
9	Clean up work area.	<input checked="" type="checkbox"/>	<input checked="" 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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: