

**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

DUCTLESS MINI SPLIT

SITE AND BLDG #: NY013 BLDG2

MECHANIC
SIGNATURE: 

DATE: 9/23/21

LOCATION/RM #: BLDG2 office

WO# 14822

ASSET # 190917-
138,139

START TIME: 3pm

FINISH TIME: 3:30pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	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	Check fan blades for dust buildup and clean if necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fan blades are clean
2	Check all electrical connections	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	electrical connections are good
3	Check that the fan runs properly in all speeds as applicable.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fan functions properly in all speeds
4	Check dampers and rotating auto diffusers for dirt accumulations, clean as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are clean
5	Check filter door for proper gasketing and air leaks. Correct as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No air leaks
6	Change or Clean filter as needed. Filters get checked quarterly.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	filters are good
7	Ensure condense pump is working properly and that the drain lines are clear.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	drain lines are clear
8	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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST OUTDOOR CONDENSING UNIT

SITE AND BLDG #: NY013 BLDG2

MECHANIC
SIGNATURE: 

DATE: 9/23/21

BLDG2 Outside
LOCATION/RM #:

WO# 14822

ASSET # 190917-140

START TIME: 3:30pm

FINISH TIME: 4pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Schedule outage of unit with personnel in area the unit serves.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	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"/>	
3	If disposal of the equipment is required, follow regulations concerning removal of refrigerants and disposal of the unit.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove debris from air screen and clean underneath unit.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	screen and around unit are clean
2	Wash coil with coil cleaning solution - Rinse Thoroughly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	coils are clean
3	Straighten fin tubes with fin comb, as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fin tubes are straight
4	Check electrical connections for tightness.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	electrical connections are good
5	Check mounting base for tightness.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	mounting and base are good
6	Inspect fans for bent blades, unbalance, excessive noise and vibrations.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no excessive noise or vibration
7	Inspect all piping for leaks and tighten loose connections.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no leaks or loose connections
8	Check wires at condenser electrical fused safety switches for tightness and burned insulation. Repair as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	wires and insulation are good
9	Check supply air temperature to ensure unit is operating properly. If possible record room temperature.and Humidity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Room temp <u>74</u> Room Humidity <u>52</u> %
10	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no replacement needed
11	Clean up work area.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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To be performed by: HVAC Technician

Additional Notes: