CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE

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

FACID/Building: __NY039_____ Date of Visit: __11/29/21_____

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 , 14978 , 14979 , 15146 -15149 , 15161 , 15165 , 15176 , 15186 ,
2. 15150 , 15151-15153
3. ASSET#'S , 9932 , 9935 , 9898 , 9929 , 9933 , 9934 , 9890 , 9940 ,
4. 9941 , 9946 , 9947 , 190917- , 269 , 250 , 251 , 263 , 268 , 265 , 266
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: __Patrick Brown_____ Date: __11/29/21_____

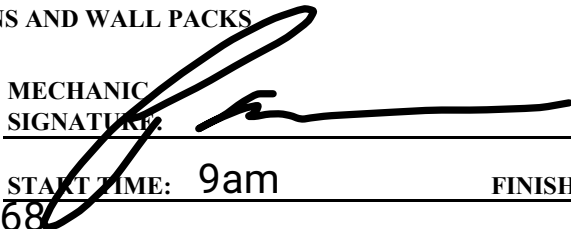Signed: _____

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: __SGT STORMS_____ Date: __11/29/21____

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: NY039 BLDG1   9933,

LOCATION/RM #: BLDG1   **WO#** 15148,   **ASSET #** 9934,
15149,   190917-268
15176

MECHANIC SIGNATURE: **DATE:** 11/29/21

START TIME: 9am   **FINISH TIME:** 10am

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	✓		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	✓		units function properly
3	Clean exterior with dry cloth.	✓		units have been wiped down
4	For Exit lights check for proper arrow direction.	✓		Arrow directions are proper
5	Make and/or recommend any needed repairs.	✓		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 discription of the deficiency.

To be perfomed by: General Maintenance Worker

Additional Notes:

CMI Management Inc.

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: NY051 BLDG1

LOCATION/RM #: boiler rooms   **WO#** 15147, 15176   **ASSET #** 9929, 190917-263

MECHANIC SIGNATURE: _(signature)_   **DATE:** 11/29/21

START TIME: 8:30am   **FINISH TIME:** 9am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE YES	TASK COMPLETE NO	NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
	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.	✓		

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 perfomed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EXPANSION TANKS

SITE AND BLDG #: NY039 BLDG1

LOCATION/RM #: boiler room   **WO#** 15176   **ASSET #** 190917-, 250,251

MECHANIC SIGNATURE: **DATE:** 11/29/21

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.	✓		
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.	✓		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.		✓	no sight glass
3	If applicable, check tank pressure via schrader valve. Correct as needed.	✓		pressure is correct

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 perfomed by: General Maintenance Worker

Additional Notes: