

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 12/7/21 , 12/9/21

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, 15217 , 15238-15242 , 15295 , 15318 , 15319 , 15384-15389 ,
2. 15494 , 15530 , 15320 , 15390-15392 , 15531 , 15393 , 15532
3. ASSET#'S, 10547-10550 , 10558 , 10612 , 10610 , 10615 , 10556 ,
4. 10557 , 10611 , 10617-10619 , 10641 , 10623 , 10624 , 10625 , 10642 ,
5. 190917-, 423 , 424 , 427 , 428 , 450 , 423-429 , 448 , 460 , 462 ,

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/9/21

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: 12/9/21

Signed: \_\_\_\_\_

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### GREASE TRAP

**SITE AND BLDG #:** NY067 BLDG1

**MECHANIC  
SIGNATURE:**

**DATE:** 12/7/21

**LOCATION/RM #:** Kitchen **WO#** 15319 **ASSET #** 10615

**START TIME:** 9:30am

**FINISH TIME:** 10am

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.	✓		
2	Insure proper grease disposal.-Tanks are pumped by local septic companies	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove lid. If the trap is equipped with removable baffles, remove them.	✓		
2	Make sure the flow restrictor on the inflow pipe is present.	✓		flow restrictor is present
3	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.	✓		no damaged or missing parts
4	Replace lid and baffles.	✓		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#	✓		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:**