

**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. PATRICK BROWN 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:

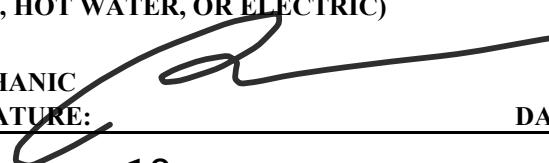
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: AMMIE MEARERO Date: 12/9/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
RADIANT BASEBOARDS/CONVECTORS (STEAM, HOT WATER, OR ELECTRIC)

SITE AND BLDG #: **NY067 BLDG1**MECHANIC
SIGNATURE: DATE: **12/7/21**LOCATION/RM #: **BLDG1** WO# **15384** ASSET # **10556**START TIME: **10am**FINISH TIME: **10:30am**

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check radiator valve for free turning and seating. Check packing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	valves are good
2	Remove covers or wall panels. Note: Extreme care must be taken when removing marble or granite wall panels. These panels are extremely heavy and very fragile.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Check housing, braces, supports, hangers, and hardware for signs of deterioration or damage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no signs of deterioration or damage
4	Check temperature or flow controls, shutoff valves, vents and traps for proper operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are good
5	If radiator has automatic temperature regulating valve, remove valve cover and remove dirt by vacuuming.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	temperature valves are clean
6	For hot water radiators, check air bleed valve.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	air bleed valve function properly
7	Report any rust issues and open a CM ticket	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no rust issues found
8	Check coils, piping, and fin material for damage, leaks or looseness. Straighten finned material as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no damage or leaks found
9	Vacuum out finned tube area and interior housing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fin tubes are clean
10	Clean and replace covers or wall panels and caulk wall panels as required. Clean work area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	covers are good

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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: