

**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 **UNIT HEATER, HOT WATER**

SITE AND BLDG #: NY067 BLDG1

MECHANIC

SIGNATURE: 

DATE: 3/9/21

LOCATION/RM #: BLDG1 WO# 15385, ASSET # 10557,
15530 190917-

START TIME: 10:30am

FINISH TIME: 11:30am

CHECK POINT	CHECKPOINT DESCRIPTION	423-429	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
			YES	NO	
SPECIAL INSTRUCTIONS					
1	Schedule shutdown with operating personnel.		<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE					
1	Check valve for signs of abnormal wear and leaks. Replace packing if needed.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	no wear or leaks found
2	Clean the coils		<input checked="" type="checkbox"/>	<input type="checkbox"/>	coils are clean
3	Comb the fins as needed.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	fins are good
4	Clean all fans and motors.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	fans and motors are clean
5	Check operation of controls and safeties.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	controls function properly
6	Lubricate as required.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	sealed motors
7	Check all motors, belts, pulleys, shafts, etc. for alignment.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	direct drive and motors 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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: