

**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, INFRA-RED, RADIANT, GAS

SITE AND BLDG #: NY067 BLDG3

**MECHANIC
SIGNATURE:**

DATE: 12/7/21

LOCATION/RM #: BLDG3 **WO#** 15393 **ASSET #** 10642

START TIME: 2:30pm

FINISH TIME: 3pm

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	For gsa/oil heaters: 1. Remove access panels if applicable. 2. Check the fire box liner or refractory for cracks and leaks. 3. Check all gas lines for leaks. Repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are good
2	Clean dirt from heater, vaccuming is preferred.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	heater is clean
3	Check operation of gas valve.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	gas valve functions properly
4	Check for gas leaks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no gas leaks found
5	Check operation of thermostat.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	thermostat functions properly
6	If applicable, replace primary air intake filter.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	filters are new
7	As needed, clean spark electrode and reset gap, replace if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	electrode is good
8	Inspect flue pipe and connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	connections are good no leaks
9	If applicable, inspect and clean outside air blower and blower intake.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	blower is clean
10	Inspect unit for proper operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	unit functions properly
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no needed repairs

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: HVAC Technician

Additional Notes:

there is a work order submitted to repair these units