

**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**  
**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<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|---------------|----|---|
|   |  | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |  |               |    |   |
| 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.                              | ✓             |    |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |  |               |    |   |
| 1   | For gsa/oil heaters:<br>1. Remove access panels if applicable.<br>2. Check the fire box liner or refractory for cracks and leaks.<br>3. Check all gas lines for leaks. Repair as needed. | ✓             |    | all are good  |
| 2   | Clean dirt from heater, vaccuming is preferred.  | ✓             |    | heater is clean   |
| 3   | Check operation of gas valve.  | ✓             |    | gas valve functions properly  |
| 4   | Check for gas leaks.   | ✓             |    | no gas leaks found  |
| 5   | Check operation of thermostat.   | ✓             |    | thermostat functions properly   |
| 6   | If applicable, replace primary air intake filter.  | ✓             |    | filters are new   |
| 7   | As needed, clean spark electrode and reset gap, replace if necessary.  | ✓             |    | electrode is good   |
| 8   | Inspect flue pipe and connections.   | ✓             |    | connections are good no leaks   |
| 9   | If applicable, inspect and clean outside air blower and blower intake.   | ✓             |    | blower is clean   |
| 10  | Inspect unit for proper operation.   | ✓             |    | unit functions properly   |
| 11  | Inspect unit for overall condition and recommend for replacement or other needed repairs.  | ✓             |    | 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 description of the deficiency.

To be performed by: HVAC Technician

**Additional Notes:**

there is a work order submitted to repair these units