

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 12/6/21

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 , 15255-15257 , 15433 , 15434 , 15490 , 15504 , 15508 , 15324 , 15435 , 15509
2. ASSET#'S , 9209-9211 , 9213 , 9242 , 9265 , 9250 , 190917- , 131 , 133 , 134 , 129 , 130 , 143 ,
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/6/21

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: RON VOGT AFOS Date: 12/6/21

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**KITCHEN HOOD**

ACTIVITY AND BLDG #: **NY013 BLDG1**

MECHANIC  
SIGNATURE: 

DATE: **12/6/21**

LOCATION/RM #: **kitchen** WO# **15434** ASSET # **9242**

START TIME: **10am**

FINISH TIME: **10:15am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (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	Clean all accessible surfaces thoroughly.	✓		surfaces are clean
2	Check all louvers and dampers. If dampers must be moved to ensure complete cleaning, ensure they will be marked and returned to their original position to prevent unbalancing the system.	✓		louvers and dampers are good
3	Clean and/or replace filters, if applicable.	✓		filters are clean
4	Ensure unit is operating properly, not any deficiencies.	✓		no deficiencies

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:**

**this hood has not been used since the oven has been disconnected  
3 years plus**