

**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 ,
2. 15435 , 15509
3. ASSET#'S , 9209-9211 , 9213 , 9242 , 9265 , 9250 , 190917-, 131 , 133 ,
4. 134 , 129 , 130 , 143 ,
5. \_\_\_\_\_

-----  
**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	
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	Clean all accessible surfaces thouroughly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	louvers and dampers are good
3	Clean and/or replace filters, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	filters are clean
4	Enure unit is operating properly, not any deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 discription 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