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. PATRICK BROWN
2. _____
3. _____
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. _____

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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

## UNIT HEATER, INFRA-RED, RADIANT, GAS

**SITE AND BLDG #:** NY013 BLDG2

**MECHANIC SIGNATURE:**

**DATE:** 12/6/21

**LOCATION/RM #:** BLDG2 **WO#** 15435 **ASSET #** 9250

**START TIME:** 12pm **FINISH TIME:** 12:30pm

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE YES | TASK COMPLETE NO | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---|---|---|
| **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. | ✓ | | |
| **TO BE PERFORMED AT EACH INSPECTION SERVICE** | | | | |
| 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 discription of the deficiency.

To be perfomed by: HVAC Technician

**Additional Notes:**