

**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:**

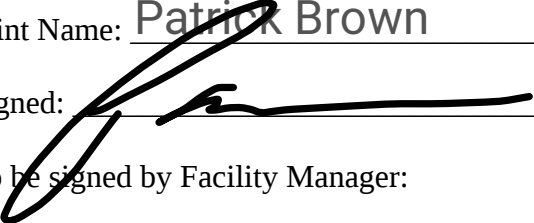
**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

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. \_\_\_\_\_

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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<br>POINT                             | CHECKPOINT DESCRIPTION                                                                                                                                                                   | TASK COMPLETE                       |                          | NOTES/ ACTIONS<br><br>(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:<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. | <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:**