

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 12/21/21

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 , 15214 , 15287 , 15288 , 15309 , 15310 , 15482-15487 , 15492 ,
2. 15505 , 15518 , 15339 , 15488 , 15519 , 15520
3. ASSET#'S , 9891 , 9896 , 9932 , 9935 , 9893-9897 , 9931 , 9943 , 9939 ,
4. 190917- 248 , 269 , 264 , 267 , 270 , 274 , 275 ,
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: 

To be signed by Facility Manager:

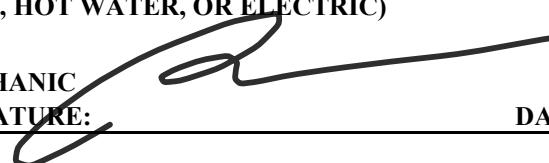
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SGT STORMS Date: 12/21/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
RADIANT BASEBOARDS/CONVECTORS (STEAM, HOT WATER, OR ELECTRIC)

SITE AND BLDG #: **NY039 BLDG1**MECHANIC
SIGNATURE: DATE: **12/21/21**LOCATION/RM #: **BLDG1** WO# **15484** ASSET # **9895**START TIME: **11:30am**FINISH TIME: **12:30**

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	Check radiator valve for free turning and seating. Check packing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	valves are good
2	Remove covers or wall panels. Note: Extreme care must be taken when removing marble or granite wall panels. These panels are extremely heavy and very fragile.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Check housing, braces, supports, hangers, and hardware for signs of deterioration or damage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no signs of deterioration or damage
4	Check temperature or flow controls, shutoff valves, vents and traps for proper operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are good
5	If radiator has automatic temperature regulating valve, remove valve cover and remove dirt by vacuuming.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	temperature valves are clean
6	For hot water radiators, check air bleed valve.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	air bleed valve function properly
7	Report any rust issues and open a CM ticket	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no rust issues found
8	Check coils, piping, and fin material for damage, leaks or looseness. Straighten finned material as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no damage or leaks found
9	Vacuum out finned tube area and interior housing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fin tubes are clean
10	Clean and replace covers or wall panels and caulk wall panels as required. Clean work area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	covers are good

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: