

**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. <u>PATRICK BROWN</u> | 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

UNIT HEATER, HOT WATER

SITE AND BLDG #: NY039 BLDG1MECHANIC
SIGNATURE: DATE: 12/21/21LOCATION/RM #: BLDG1 WO# 15483 ASSET # 9894START TIME: 11amFINISH TIME: 11:30am

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|-------------------------------------|--------------------------|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 1 | Schedule shutdown with operating personnel. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 | 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 valve for signs of abnormal wear and leaks. Replace packing if needed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no wear or leaks found |
| 2 | Clean the coils | <input checked="" type="checkbox"/> | <input type="checkbox"/> | coils are clean |
| 3 | Comb the fins as needed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | fins are good |
| 4 | Clean all fans and motors. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | fans and motors are clean |
| 5 | Check operation of controls and safeties. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | controls function properly |
| 6 | Lubricate as required. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | sealed motors |
| 7 | Check all motors, belts, pulleys, shafts, etc. for alignment. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | direct drive and motors 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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: