

**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
SUMP PUMP

SITE AND BLDG #: **NY039 BLDG1**MECHANIC
SIGNATURE: DATE: **12/21/21**LOCATION/RM #: **boiler room**WO# **15505**ASSET # **190917-264**START TIME: **1pm**FINISH TIME: **1:30pm**

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"/>	
2	Excessive sediment and debris, not removed by flushing the pit should be handled on a project basis, and not considered under this standard.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove cover plates and flush pit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pit is clear
2	Inspect check valve.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	check valve functions properly
3	Inspect interior of pit for cracks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no cracks
4	Inspect cover plate is in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	cover plate is good
5	Insuure the unit is operating properly, report any deficiencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	unit functions properly
6	Clean up work area and remove all debris.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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: