CERTIFICATION OF WORK
**PREVENTIVE MAINTENANCE**

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

FACID/Building: DE007 Date of Visit: 01/27/22

Contractor Personnel on Site:

1. John Brown
2. _____
3. _____
4. _____

**Work Performed:**

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

1. WO'S 15924, 15925, 15926, 15927, 15928, 15929, 15936, 15941, 15951,
2. 15952, 15953, 15954
3. _____
4. _____
5. _____

Average Building Temp 72 * Average Building RH Humidity 43 %

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 01/27/22

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: Danielle Barrett Date: 01/27/22

Signed: _____

E-Mail: _____

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
## EMERGENCY EYEWASH AND SHOWER

**ACTIVITY AND BLDG #:** DE007 B-4

**MECHANIC SIGNATURE:** 

**DATE:** 01/27/22

**LOCATION/RM #:**

**WO#** 15927

**ASSET #** OY4-162

**START TIME:** 0900

**FINISH TIME:** 1630

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE YES | TASK COMPLETE NO | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---|---|---|
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Activate the unit to flush the line and verify proper operation. | ✓ | | |
| 2 | Assure that area is free of obstructions, that activation mechanisms are accessible to personnel in a distressed condition. | ✓ | | |
| 3 | Operate valve in full open and close position. Loss of ability to close tightly will require inspection of valve seals and discs for wear and contaminate build-up. | ✓ | | |
| 4 | If applicable, check tempering feature, verify temperature and flow is correct. | ✓ | | |
| 5 | Check systems for cleanliness and clean if necessary. | ✓ | | |

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: General Maintenance Worker

**Additional Notes:**