

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 5/17/22

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. <u>WO#'S, 16908 , 16935 , 16936 , 16957-16960 , 17131 ,</u>       |
| 2. <u>17145 , 17164 ,</u>  |
| 3. <u>ASSET#'S , 10043 , 10066 , 10069 , 10044 , 10045 , 10067 ,</u> |
| 4. <u>10068 , 10037 , 190917-, 294 , 299 , 280-284 , 295 , 296</u>   |
| 5. _____   |

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/17/22

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: SFC ERIC ABBOTT Date: 5/17/22

Signed: 

E-Mail: \_\_\_\_\_

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **VAV BOX**

**SITE AND BLDG #:** NY051 BLDG1

**LOCATION/RM #:** BLDG1 **WO#** 16908 **ASSET #** 10043

**MECHANIC SIGNATURE:**  **DATE:** 5/17/22

**START TIME:** 7am **FINISH TIME:** 8am

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	If EMS system permits, check that the operating controls activate damper per design specifications.-	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Record CFM AIR FLOW <u>290</u>
2	If required, check damper linkage for tightness and lightly lubricate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	If required, inspect dampers for free movement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	If required, inspect actuators for tightness to mounting brackets.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	As needed, tighten electrical connections to servo motor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<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: HVAC Technician

**Additional Notes:**