

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 5/18/22

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. WO#'S , 17169 , 17176 , 17147 , 17170 , 17177 , 17178 ,
2. ASSET#'S , 190917- , 603 , 622-627 , 642 , 645 , 651 , 652 ,
3. 659 , 660 , 686 , 682 , 724 , 703 , 707 , 710 , 711 , 714 , 716 ,
4. 727 , 731 ,
5. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/18/22

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: LARS LUFFMAN Date: 5/18/22

Signed: \_\_\_\_\_

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### GLYCOL TANK

SITE AND BLDG #: NY127 BLDG1

MECHANIC  
SIGNATURE: 

DATE: 5/30/22

LOCATION/RM #: mechanical room

WO# 17170

ASSET #190917-707

START TIME: 8:30am

FINISH TIME: 9am

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	Examine exterior of tank, including fittings, gauges, structural supports, manholes, and handholes for leaks, signs of corrosion, or other defects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no signs of defects or leaks
2	Clean, test and inspect sight glasses, valves, fittings, drains, and controls.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are good
3	Check condition of agitators and/or float assemblies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	assemblies are good
4	If applicable, clean strainer(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	strainer is clean
5	Clean up work site.- Report any issues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no issues

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:**