

**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
ROOF DRAINS, DOWNSPOUT, AND GUTTER INSPECTION

ACTIVITY AND BLDG #: NY127 BLDG2

Date of Completion: 5/30/22

LOCATION: BLDG1 WO#17177 ASSET# 190917-727

MANUFACTURER: n/a

MODEL #: n/a

SERIAL #: n/a

CHECK K	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Use care when working in high places.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Use safety line with harness if necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	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 checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check gutters, drains, and downspouts to insure that they are properly attached to the building, connections sealed, and free of debris.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Check drain strainers/screens for condition and proper installation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	If downspouts have heaters, test, operate and correct deficiencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Remove all trash, debris or unsecured material from roof area and gutters.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Where downspouts discharge onto lower roofs, check if there has been any scouring of the surfacing.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Check for missing or damaged splash blocks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Note: The Technician/Subcontractor 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 the technician will create a Customer Information Report (CIR) which will include an (If available) asset #, Model Number, Serial number, photos, and a detailed description of the deficiency. This will be submitted to the Project Manager for review and submission to the KO/COR to be notified for additional action.				

Additional Notes: