

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 1-3-19

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. 1716AN,1717AN,1718AN,1719AN,1720AN,1721AN,1722AN,1723AN
2. 1724AN,1725AN,1726AN,1727AN,1728AN, 1859MO
3. 1915SA,1916SA,1917SA,1918SA,1919SA,1920SA,1921SA
4. Various Kitchen Equipment, Parking Lighting, Overhead Doors, Key Card
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1-3-19

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: Doug Rushlo Date: 1/29/19

Signed: _____

E-Mail: douglas.rushlo.ctny@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **KITCHEN HOOD**

ACTIVITY AND BLDG #: NY 067 - Bldg 2

**MECHANIC
SIGNATURE:** 

DATE: 1-14-19

LOCATION/RM #: Kitchen **WO#** 1718 **ASSET #** 10571

START TIME: 9 am

FINISH TIME: 9:45 am

CHECK POINT	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	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	Clean all accessible surfaces thoroughly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	used stainless steel cleaner
2	Check all louvers and dampers. If dampers must be moved to ensure complete cleaning, ensure they will be marked and returned to their original position to prevent unbalancing the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Clean and/or replace filters, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Filters were cleaned
4	Enure unit is operating properly, not any deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No deficiencies

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: