

**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.ctrymail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **MISCELLANEOUS KITCHEN EQUIPMENT**

ACTIVITY AND BLDG #: NY067 - Bldg 2MECHANIC
SIGNATURE: [Signature]DATE: 1-3-19LOCATION/RM #: Kitchen WO# See Below ASSET # START TIME: 1:00 pmFINISH TIME: 3:30 pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO. PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Notify cafeteria operator and get permission prior to performing all maintenance.	✓		
2	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.	✓		
3	De-energize, lock out, and tag electrical circuits and fuel service.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operator or manager for any deficiencies, verify cleaning program.	✓		No deficiencies Noted
2	Check all controls, mechanisms for proper operation; adjust as required.	✓		all are good
3	If applicable, examine utility supply line, piping, valve packing, specialties, and insulation; look for any leaks.	✓		all are good
4	If applicable, check electric power line condition, switch, disconnect, etc.; or check condition of gas supply, valves, regulators, and inspect pilot, check for Gas leaks.	✓		Cords, Motors, connections all looked good NO leaks, all piping was tight
5	Ensure unit is clean and in working order. Note any deficiencies.	✓		No deficiencies Found

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:

<u>WO #</u>	<u>ASSET #</u>
1716	10569
1720	10573
1721	10574
1722	10575
1725	10578
1727	10580