

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 6/6/22

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, 17224, 17256, 17257-17259, 17306-17310, 17363, 17386,
2. 17387, 17452-17457, 17561, 17570, 17605, 17388, 17458, 17459,
3. 17460, 17606, 17461, 17607
4. ASSET#'S, 10552-10555, 10547-10550, 10558, 10612, 10610,
5. 10615, 10556, 10557, 10611, 10617-10619, 10641, 10623-10625,
10642, 190917-, 423, 424, 427, 428, 451, 450, 423-429, 448, 460,
462

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/6/22

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: Ammie Mearero Date: 6/6/22

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

UNIT HEATER, HOT WATER

SITE AND BLDG #: NY067 BLDG1

MECHANIC

SIGNATURE: 

DATE: 6/6/22

LOCATION/RM #: BLDG1 WO# 17224, ASSET # 190917-423-429,
17605, 10625

START TIME: 7:30am

FINISH TIME: 8:30am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Schedule shutdown with operating personnel.	<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	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no wear or leaks found
2	Clean the coils	<input checked="" type="checkbox"/>	<input type="checkbox"/>	coils are clean
3	Comb the fins as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fins are good
4	Clean all fans and motors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fans and motors are clean
5	Check operation of controls and safeties.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	controls function properly
6	Lubricate as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	sealed motors
7	Check all motors, belts, pulleys, shafts, etc. for alignment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	direct drive and motors are good

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: