

**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

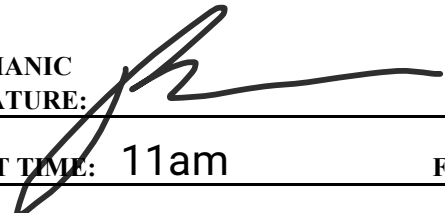
Signed: \_\_\_\_\_

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### SUMP PUMP

SITE AND BLDG #: **NY067 BLDG1**  
**boiler room**  
 LOCATION/RM #: **WO# 17386** ASSET # **10610**

MECHANIC SIGNATURE:  DATE: **6/6/22**  
 START TIME: **11am** FINISH TIME: **11:30am**

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 checked="" type="checkbox"/>	
2	Excessive sediment and debris, not removed by flushing the pit should be handled on a project basis, and not considered under this standard.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove cover plates and flush pit.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	pit is clear
2	Inspect check valve.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	check valve functions properly
3	Inspect interior of pit for cracks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no cracks
4	Inspect cover plate is in place	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	cover plate is good
5	Insuure the unit is operating properly, report any deficiencies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	unit functions properly
6	Clean up work area and remove all debris.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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:**