

**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 GREASE TRAP

SITE AND BLDG #: NY067 BLDG1
LOCATION/RM #: Kitchen **WO#**17387 **ASSET #** 10615

MECHANIC SIGNATURE:  **DATE:** 6/6/22
START TIME: 11:30am **FINISH TIME:** 12pm

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.	✓	✓	
2	Insure proper grease disposal.-Tanks are pumped by local septic companies	✓	✓	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove lid. If the trap is equipped with removable baffles, remove them.	✓	✓	
2	Make sure the flow restrictor on the inflow pipe is present.	✓	✓	flow restrictor is present
3	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.	✓	✓	no damaged or missing parts
4	Replace lid and baffles.	✓	✓	baffles and lids have been reinstalled
5	Record grease trap maintenance activities on your log or request a receipt from your grease hauler. Keep records for 3 years. -In Maximo under WO#	✓	✓	no grease hauler used

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 Technician

Additional Notes: