

**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. PATRICK BROWN 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

**MECHANIC
SIGNATURE:** 

DATE: 6/6/22

LOCATION/RM #: Kitchen **WO#** 17387 **ASSET #** 10615

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Insure proper grease disposal.-Tanks are pumped by local septic companies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove lid. If the trap is equipped with removable baffles, remove them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Make sure the flow restrictor on the inflow pipe is present.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	flow restrictor is present
3	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no damaged or missing parts
4	Replace lid and baffles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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#	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 description of the deficiency.

To be performed by: General Maintenance Technician

Additional Notes: