

**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
RADIANT BASEBOARDS/CONVETORS (STEAM, HOT WATER, OR ELECTRIC)

SITE AND BLDG #: NY067 BLDG1

MECHANIC
SIGNATURE: 

DATE: 6/6/22

LOCATION/RM #: BLDG1 WO# 17452 ASSET # 10556

START TIME: 12pm

FINISH TIME: 1:30pm

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"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check radiator valve for free turning and seating. Check packing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	valves are good
2	Remove covers or wall panels. Note: Extreme care must be taken when removing marble or granite wall panels. These panels are extremely heavy and very fragile.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Check housing, braces, supports, hangers, and hardware for signs of deterioration or damage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no signs of deterioration or damage
4	Check temperature or flow controls, shutoff valves, vents and traps for proper operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are good
5	If radiator has automatic temperature regulating valve, remove valve cover and remove dirt by vacuuming.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	temperature valves are clean
6	For hot water radiators, check air bleed valve.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	air bleed valve function properly
7	Report any rust issues and open a CM ticket	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no rust issues found
8	Check coils, piping, and fin material for damage, leaks or looseness. Straighten finned material as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no damage or leaks found
9	Vacuum out finned tube area and interior housing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fin tubes are clean
10	Clean and replace covers or wall panels and caulk wall panels as required. Clean work area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	covers 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: