

**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, INFRA-RED, RADIANT, GAS

SITE AND BLDG #: NY067 BLDG3

**MECHANIC
SIGNATURE:**

DATE: 6/6/22

LOCATION/RM #: BLDG3 **WO#** 17458 **ASSET #** 10623

START TIME: 4pm

FINISH TIME: 4:30pm

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.	☒	☐	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	For gsa/oil heaters: 1. Remove access panels if applicable. 2. Check the fire box liner or refractory for cracks and leaks. 3. Check all gas lines for leaks. Repair as needed.	☒	☐	all are good
2	Clean dirt from heater, vaccuming is preferred.	☒	☐	heater is clean
3	Check operation of gas valve.	☒	☐	gas valve functions properly
4	Check for gas leaks.	☒	☐	no gas leaks found
5	Check operation of thermostat.	☒	☐	thermostat functions properly
6	If applicable, replace primary air intake filter.	☒	☐	filters are new
7	As needed, clean spark electrode and reset gap, replace if necessary.	☒	☐	electrode is good
8	Inspect flue pipe and connections.	☒	☐	connections are good no leaks
9	If applicable, inspect and clean outside air blower and blower intake.	☒	☐	blower is clean
10	Inspect unit for proper operation.	☒	☐	unit functions properly
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	☒	☐	no needed repairs

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: HVAC Technician

Additional Notes: