

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY013 Date of Visit: 5/31/22

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 , 17273 , 17323-17325 , 17501 , 17502 , 17557 ,
2. 17566 , 17573 , 17583 , 17392 , 17503 , 17558 , 17584
3. ASSET#'S , 9212 , 9209 , 9210 , 9211 , 9213 , 9242 ,
4. 9265 , 9250 , 190917- , 101 , 135 , 131 , 133 , 134 , 129 ,
5. 130 , 136 , 137 , 143 ,

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/31/22

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: RON VOGT Date: 5/31/22

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### UNIT HEATER, HOT WATER

**SITE AND BLDG #:** NY013 BLDG1

**MECHANIC  
SIGNATURE:** 

**DATE:** 5/31/22

**LOCATION/RM #:** BLDG1 **WO#** 17501 **ASSET #** 9213

**START TIME:** 9am

**FINISH TIME:** 9:30am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Schedule shutdown with operating personnel.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	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"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no wear or leaks found
2	Clean the coils	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	coils are clean
3	Comb the fins as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fins are good
4	Clean all fans and motors.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fans and motors are clean
5	Check operation of controls and safeties.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	controls function properly
6	Lubricate as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	sealed motors
7	Check all motors, belts, pulleys, shafts, etc. for alignment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	direct drive and motors 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:**