

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 6/21/22

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. <u>WO#'S , 17355 , 17356 , 17377 , 17378 , 17550-17555 ,</u> |
| 2. <u>17559 , 17568 , 17574 , 17593 , 17407 , 17556 , 17594 ,</u> |
| 3. <u>17595 ,</u> |
| 4. <u>ASSET#'S , 9891 , 9896 , 9932 , 9935 , 9893-9897 , 9931 ,</u> |
| 5. <u>9943 , 9939 , 190917- , 245 , 269 , 264 , 267 , 270 , 274 ,</u> |
| <u>275</u> |

CERTIFICATION OF WORK

To be signed by the Contractor:

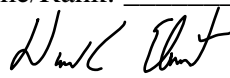
Print Name: Patrick Brown Date: 6/21/22

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: Gysgt elwart Date: 6/21/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
UNIT HEATER, INFRA-RED, RADIANT, GAS

SITE AND BLDG #: NY039 BLDG2

**MECHANIC
SIGNATURE:** 

DATE: 6/21/22

LOCATION/RM #: BLDG2 **WO#** 17550, **ASSET #** 9893,
 17556 9939

START TIME: 9:30am

FINISH TIME: 10am

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"/>	
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.		<input checked="" type="checkbox"/>	
2	Clean dirt from heater, vaccuming is preferred.		<input checked="" type="checkbox"/>	
3	Check operation of gas valve.		<input checked="" type="checkbox"/>	
4	Check for gas leaks.		<input checked="" type="checkbox"/>	
5	Check operation of thermostat.		<input checked="" type="checkbox"/>	
6	If applicable, replace primary air intake filter.		<input checked="" type="checkbox"/>	
7	As needed, clean spark electrode and reset gap, replace if necessary.		<input checked="" type="checkbox"/>	
8	Inspect flue pipe and connections.		<input checked="" type="checkbox"/>	
9	If applicable, inspect and clean outside air blower and blower intake.		<input checked="" type="checkbox"/>	
10	Inspect unit for proper operation.		<input checked="" type="checkbox"/>	
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.		<input checked="" type="checkbox"/>	

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:

ASSET# 9893 have not function properly for a long time they need to be replaced there is already a work order in for these