

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 6/1/22

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 , 17226 , 17563 , 17575 , 17609 , 17227 , 17564 , 17571 ,
  2. 17576 , 17610 , 17611
  3. ASSET#'S , 190917-, 606-611 , 617 , 634 , 635 , 604 , 618 , 619 ,
  4. 643 , 609 , 610 , 611 , 620 , 641 , 679 , 680 , 681 , 691 , 695 , 698 ,
  5. 705 , 706 , 690 , 696 , 713 , 724 , 697 , 699 , 701 , 704 , 725 , 726 ,
- 730

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/1/22

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: LARS LUFFMAN Date: 6/1/22

Signed: \_\_\_\_\_

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### UNIT HEATER, HOT WATER

SITE AND BLDG #: NY127 BLDG1

MECHANIC

SIGNATURE: 

DATE: 6/1/22

LOCATION/RM #: vestibules  
WO# 17609 ASSET # 190917-634,

START TIME: 10:45am

FINISH TIME: 11:45am

CHECK POINT	CHECKPOINT DESCRIPTION	635,	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
			YES	NO	
641 SPECIAL INSTRUCTIONS					
1	Schedule shutdown with operating personnel.		<input checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	no wear or leaks found
2	Clean the coils		<input checked="" type="checkbox"/>	<input type="checkbox"/>	coils are clean
3	Comb the fins as needed.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	fins are good
4	Clean all fans and motors.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	fans and motors are clean
5	Check operation of controls and safeties.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	controls function properly
6	Lubricate as required.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	sealed motors
7	Check all motors, belts, pulleys, shafts, etc. for alignment.		<input checked="" type="checkbox"/>	<input 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:**