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. PATRICK BROWN
2. _____
3. _____
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

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**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, ELECTRIC

**SITE AND BLDG #:** NY127 BLDG2

**MECHANIC SIGNATURE:** R

**DATE:** 6/1/22

**LOCATION/RM #:** BLDG2 **WO#** 17610 **ASSET #** 190917-, 701,704,699

**START TIME:** 4pm **FINISH TIME:** 4:30pm

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE YES | TASK COMPLETE NO | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---|---|---|
| | **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 | Check heater coils and assocoated piping for leaks or corrision. | ✓ | | no leaks or corrosion found |
| 2 | Clean heating coil. Brush vaccum where accessible. | ✓ | | coil is clean |
| 3 | Inspect wiring and electrical controls for loose connections, charred, frayed or broken insulation, evidence of short circuiting, wrong size fuses, circuit breakers, or switches, and other electrical deficiencies. Tighten any loose connections. | ✓ | | all wiring is good |
| 4 | Inspect fan for bent blades, unbalance, excessive noise and vibration. | ✓ | | no bent blades or excessive wear |
| 5 | Check motor and fan shaft bearings for noise, vibraton, overheating; lubrucate bearings. | ✓ | | no noise or vibration |
| 6 | Verify proper control by modulating the thermostat through complete cycle. | ✓ | | thermostat functions properly |
| 7 | Inspect unit for proper operation.and associated T-Stat | ✓ | | unit functions properly |
| 8 | Inspect unit for overall condition and recommend for replacement or other needed repairs. | ✓ | | unit does not need to be replaced |

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 perfomed by: HVAC Technician

**Additional Notes:**