

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Contractor Personnel on Site:

1. _____	3. _____
2. _____	4. _____

### **Work Performed:**

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: 

To be signed by Facility Manager:

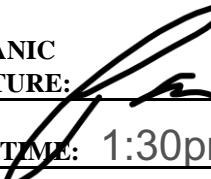
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**UNIT HEATER, HOT WATER**

SITE AND BLDG #: **NY067****bldg2****LOCATION/RM #:** **bldg2**    **WO#** **3968****ASSET #** **10624**  
**3969**    **10625****MECHANIC  
SIGNATURE:** **DATE:** **6/3/19****START TIME:** **1:30pm****FINISH TIME:** **2pm**

<b>CHECK POINT</b>	<b>CHECKPOINT DESCRIPTION</b>	<b>TASK COMPLETE</b>		<b>NOTES/ ACTIONS</b> (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		<b>YES</b>	<b>NO</b>	
<b>SPECIAL INSTRUCTIONS</b>				
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.	✓	✗	
2	Schedule shutdown with operating personnel.	✗	✓	
3	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	✓	✗	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check valve for full stroke operation in both directions, if applicable.	✓	✗	
2	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	✓	✗	no signs of abnormal wear or leaks
3	Clean the coil with vacuum cleaner.	✓	✗	coil is clean
4	Comb the fins as needed.	✓	✗	fins are straight
5	Clean all fans and motors.	✓	✗	all fans and motors are clean
6	Check operation of controls and safeties.	✓	✗	controls operate correctly
7	Lubricate as required.	✓	✗	
8	Check all motors, belts, pulleys, shafts, etc. for alignment.	✓	✗	all Motors belts and pulleys in good shape

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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**