

**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, INFRA-RED, RADIANT, GAS

**SITE AND BLDG #:** NY039-01

**MECHANIC  
SIGNATURE**

**DATE:** 6/17/19

**LOCATION/RM #:**                      **WO#** 4087      **ASSET #** 9939

**START TIME:** 1pm

**FINISH TIME:** 1:30pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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.	<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	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"/>	<input checked="" type="checkbox"/>	no leaks found at this time
2	Clean dirt from heater, vaccuming is preferred.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	unit is clean
3	Check operation of gas valve.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	cant reach gas valve at this time
4	Check for gas leaks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no gas leaks
5	Check operation of thermostat.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	thermostats function correctly
6	If applicable, replace primary air intake filter.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no intake filter
7	As needed, clean spark electrode and reset gap, replace if necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	spark electrode is good
8	Inspect flue pipe and connections.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	flue pipe and connections are good
9	If applicable, inspect and clean outside air blower and blower intake.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no outside air blower
10	Inspect unit for proper operation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	unit does not operate correctly
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<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:**