

**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. 4507AN THRU 4519AN, 4691SA THRU 4696SA, 4520AN THRU 4527AN
2. 4697SA THRU 4699 SA
3. Plumbing fixtures, Overhead doors, Key PAdS
4. _____
5. _____

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 PLUMBING FIXTURES

SITE AND BLDG #: NY035-01

MECHANIC
SIGNATURE 

DATE: 7/11/19

LOCATION/RM #: _____ WO# 4507 to 4519 ASSET # 9828 to 9840

START TIME: 10am

FINISH TIME: 11am

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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	SINKS - Operate faucets, inspect for leaks, replace washers/"O" rings as necessary. Observe drain flow, clean trap if obstructed. Replace filter as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no leaks or obstructed drains
2	SHOWER HEADS, MIXING VALVES - Check shower for damaged, missing, or leaking heads; replace as required. Check mixing valves for damaged or missing parts; replace washers as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	mixing valves and shower heads are good
3	SHOWER STALLS - Check for leaks, cracks, significant wear or vandalism.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no cracks or significant wear
4	TOILETS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps, seat supports, and replace.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no leaks or damage
5	URINALS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps and replace.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no leaks or damage
6	OTHER MISCELLANEOUS FIXTURES - Clean and innspect for any damage. Check for leaks, missing or damaged parts, caps, etc. Replace as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no leaks damage or missing parts

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: