

**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. _____

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

SUMP PUMP

SITE AND BLDG #: **NY067-01**MECHANIC
SIGNATURE: DATE: **9/4/19**LOCATION/RM #: **WO# 5276 ASSET # 10610**START TIME: **8:30am**FINISH TIME: **9am**

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	Schedule outage with operating personnel.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	If the material removed from the pump is hazardous, contact the Regional S&EM office for disposal instructions.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	If strainer cleaning requires removal of pump unit which should be considered a repair and not general maintenance.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Excessive sediment and debris, not removed by flushing the pit should be handled on a project basis, and not considered under this standard.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove cover plates and flush pit.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Inspect check valve.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	check valve is functioning properly
3	Inspect interior of pit for cracks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no cracks in interior of pit
4	Inspect cover plate gaskets and replace if necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	coverplay and gaskets are good
5	Insuure the unit is operating properly, report any deficiencies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	unit is functioning properly no deficiencies
6	Clean up work area and remove all debris.	<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: General Maintenance Worker

Additional Notes: