

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:

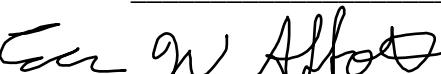
Print Name: _____ Date: _____

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:

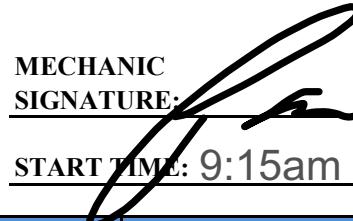
Print Name/Rank: _____ Date: _____

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
CIRCULATING AND BOOSTER PUMPS

SITE AND BLDG #: NY051-01

MECHANIC
SIGNATURE: 

DATE: 11/5/19

| | | |
|----------------|----------|---------------|
| LOCATION/RM #: | WO# 5772 | ASSET # 10044 |
| | 5773 | 10045 |

START TIME: 9:15am

FINISH TIME: 9:45am

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|-------------------------------------|--------------------------|---|
| | | YES | NO | |
| 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 | It is generally not a good idea to tamper with pumps using mechanical seals if they are otherwise performing properly. Since mechanical seals can cost as much as the pump, it is usually not cost effective to risk damaging the seal by performing an annual internal inspection of the pump.-Report any leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Lubricate pump and motor bearings as per manufacturer's specifications. Bearings require lubrication atleast annually.4 shots of grease per PM | <input checked="" type="checkbox"/> | <input type="checkbox"/> | used Lucas heavy duty Grease |
| 2 | Inspect couplings and check for any pump seal leaks. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no leaks found |
| 3 | Check motor mounts and vibration pads | <input checked="" type="checkbox"/> | <input type="checkbox"/> | motor mounts and vibration pads are good |
| 4 | Tighten all pump flanges. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | all are tight |
| 5 | Visually check pump alignment and coupling -Report unusual vibration | <input checked="" type="checkbox"/> | <input type="checkbox"/> | pump alignments and couplings are good |
| 6 | Inspect electrical connections | <input checked="" type="checkbox"/> | <input type="checkbox"/> | electrical connections are good |

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:

asset 10044 hot water pump number one has to have the motor replace the bearings are going bad and it sounds like the bearing in the pump is going bad also I'm requesting a CM ticket to be open for this

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: **NY051-01****5774****10067**

LOCATION/RM #:

WO# 5775**ASSET # 10068****5989****190917-295/190917-296**MECHANIC
SIGNATUREDATE: **11/5/19**START TIME: **9:45am**FINISH TIME: **10:30am**

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---------------|----|---|
| | | YES | NO | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Inspect for structural defects, note needed repairs | ✓ | / | no structural defects |
| 2 | Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket | ✓ | / | all units function properly |
| 3 | Clean exterior with dry cloth. | ✓ | / | units are clean |
| 4 | For Exit lights check for proper arrow direction. | ✓ | / | Arrow directions are proper |
| 5 | Make and/or recommend any needed repairs. | ✓ | / | no repairs needed |

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To be performed by: General Maintenance Worker

Additional Notes: