

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 11/4/19

Contractor Personnel on Site:

|                         |          |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

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

1. WO'S 5749MO, 5839-5845QT, 5975PMM, 5991PMQ, 5846-5848QT,
2. 5992PMQ, 5849-5850QT
3. OUTSIDE LIGHTING, CIRCULATING PUMPS, KITCHEN EQUIP, EMERGENCY
4. LIGHTING, GATE, ISOLATION VALVES, GLYCOL FEED SYSTEM, EXP TANKS,
5. WATER HEATER, EMERGENCY LIGHTING,

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 11/4/19

Signed: 

To be signed by Facility Manager:

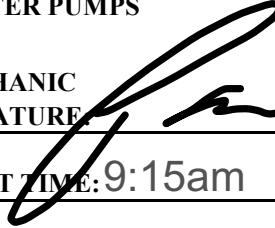
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: AMMIE Mearero Date: 11/4/19

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**CIRCULATING AND BOOSTER PUMPS**

SITE AND BLDG #: **NY067-01**MECHANIC  
SIGNATURE 

DATE: 11/4/19

|                |                 |                      |
|----------------|-----------------|----------------------|
| LOCATION/RM #: | WO# <b>5839</b> | ASSET # <b>10559</b> |
|                | <b>5840</b>     | <b>10560</b>         |

START TIME: 9:15am

FINISH TIME: 10am

| CHECK POINT                                       | CHECKPOINT DESCRIPTION   | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|---------------|----|---|
|   |  | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |  |               |    |   |
| 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.  | ✓             |    |   |
| 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 | ✓             |    |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |  |               |    |   |
| 1   | Lubricate pump and motor bearings as per manufacturer's specifications. Bearings require lubrication atleast annually.4 shots of grease per PM   | ✓             | /  | used Lucas heavy duty Grease  |
| 2   | Inspect couplings and check for any pump seal leaks.   | ✓             | /  | no pump seal leaks found couplings are good                             |
| 3   | Check motor mounts and vibration pads  | ✓             | /  | motor mounts and pads are good  |
| 4   | Tighten all pump flanges.  | ✓             | /  | all pump flanges are tight  |
| 5   | Visually check pump alignment and coupling -Report unusual vibration   | ✓             | /  | alignment is good no unusual vibration                                  |
| 6   | Inspect electrical connections   | ✓             | /  | 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:**