

**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,

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

DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: NY067-02

**MECHANIC
SIGNATURE:** 

DATE: 11/4/19

LOCATION/RM #: Rm 5 **WO#** 5846 **ASSET #** 10636

START TIME: 1:30pm

FINISH TIME: 2pm

| 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 checked="" type="checkbox"/> | |
| 2 | Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 3 | Do not allow any open flames around equipment. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Attach drain hose. Drain several gallons from tank to remove sediment. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | drained water for several minutes |
| 2 | Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | safety valve functions correctly |
| 3 | Check all connections - electric, gas and water. Tighten as necessary. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | all are tight |
| 4 | Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | temperature's are correct |
| 5 | Clean water heater exterior. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 6 | Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no pumps |
| 7 | Soap test for gas leaks, if leaks are found notify facility manager and AFOS immediately. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no leaks found |
| 8 | Clean up work area and remove trash. | <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: