

## 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. \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

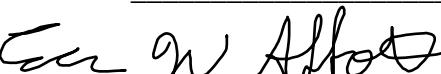
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**  
**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  
SIGNATURE**DATE: 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	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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

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:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**EXPANSION TANKS**

SITE AND BLDG #: **NY051-01**MECHANIC  
SIGNATURE: DATE: **11/5/19**LOCATION/RM #: **MECH 133** WO# **5989**ASSET # **190917-280**  
**190917-281**START TIME: **10:30am**FINISH TIME: **10:45am**

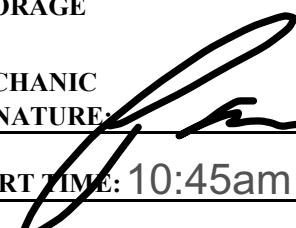
CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.			
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed.			no signs of leaks or corrosion
2	If applicable, Check sight glass, insure level is between 1/2 and 3/4 sight glass. Correct as needed.			no sight glass
3	If applicable, check tank pressure via schrader valve. Correct as needed.			tank pressure is correct

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:

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**TANKS, WATER STORAGE**

SITE AND BLDG #: **NY051-01**MECHANIC  
SIGNATURE: DATE: **11/5/19**LOCATION/RM #: **MECH 133** WO# **5989**ASSET # **190917-282**START TIME: **10:45am**FINISH TIME: **11am**

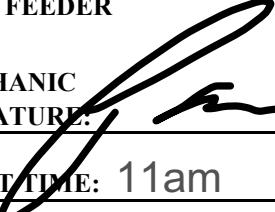
CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	✓		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Examine exterior of tank including fittings, manholes, and handholes for leaks, signs of corrosion, and correct as indicated.	✓		no signs of leaks or corrosion
2	Inspect structural supports and repair or replace damaged insulation or covering. If insulation contains asbestos and is damaged or eroded, it is considered a hazardous waste.	✓		all are good
3	Clean, test and inspect sight glasses, valves, fittings, drains, and controls.	✓		no sight glass
4	Clean up work site.	✓		

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:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**CHEMICAL BYPASS/POT FEEDER**

SITE AND BLDG #: **NY051-01**MECHANIC  
SIGNATURE: DATE: **11/5/19**LOCATION/RM #: **WO# 5989 ASSET # 190917-283**START TIME: **11am**FINISH TIME: **11:15am**

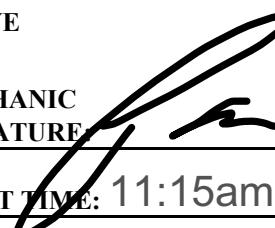
CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	✓		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check physical condition of feeder. Clean and/or repair as needed.	✓		feeder is in good physical connection
2	Check valves for proper operation. Ensure no leaks are present and repair as needed.	✓		valves operate correctly no leaks

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:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**ISOLATION VALVE**

SITE AND BLDG #: **NY051-01**MECHANIC  
SIGNATURE DATE: **11/4/19**

LOCATION/RM #:

WO# **5989**ASSET # **190917-284**START TIME: **11:15am**FINISH TIME: **12pm**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Inspect valve for damage and/or leaks.	✓	/	no damage or leaks
2	Exercise valve (at least 2 times per year) to ensure proper function. If valve does not function properly and/or leaks, open CM ticket for repair. Note the location of the valve.	/	/	

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:**