

## 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:

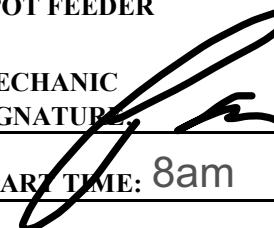
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: \_\_\_\_\_ Date: 11/19/19

Signed: 

E-Mail: L

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

SITE AND BLDG #: **NY127-01**MECHANIC  
SIGNATURE: DATE: **11/15/19**LOCATION/RM #: **WO# 5996 ASSET # 190917-603**START TIME: **8am**FINISH TIME: **8:15am**

| 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |                                     |                          |   |
| 1   | Check physical condition of feeder. Clean and/or repair as needed.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | feeder is in excellent condition  |
| 2   | Check valves for proper operation. Ensure no leaks are present and repair as needed.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | valves function properly  |

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 #: **NY127-01**

LOCATION/RM #: **WO# 5996** ASSET # **thru 190917-622**  
**190917-625**

MECHANIC  
SIGNATURE: DATE: **11/15/19**START TIME: **8:15am**FINISH TIME: **8:30am**

| 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. | ✓             |    |   |
| <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 class  |
| 3   | If applicable, check tank pressure via schrader valve. Correct as needed.   | ✓             |    | tank pressures are 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**  
**CHEMICAL BYPASS/POT FEEDER**

SITE AND BLDG #: **NY127-01**MECHANIC  
SIGNATUREDATE: **11/15/19**

**LOCATION/RM #:** **WO# 5996 ASSET # 190917-626**  
**190917-627**

START TIME: **8:30am**FINISH TIME: **8:45am**

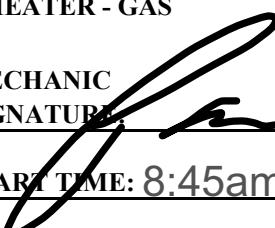
| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---------------|----|---|
|   |   | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |   |               |    |   |
| 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. | ✓             |    |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |               |    |   |
| 1   | Check physical condition of feeder. Clean and/or repair as needed.  | ✓             | ✓  | feeders are in good condition   |
| 2   | Check valves for proper operation. Ensure no leaks are present and repair as needed.  | ✓             |    | valves function properly 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**  
**DOMESTIC HOT WATER HEATER - GAS**

SITE AND BLDG #: **NY127-01****190917-642**MECHANIC  
SIGNATURE: DATE: **11/15/19****LOCATION/RM #:****WO# 5996****ASSET #****190917-651****190917-652****START TIME:** **8:45am****FINISH TIME:** **9:30am**

| 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   | Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.   | ✓             | /  |   |
| 3   | Do not allow any open flames around equipment.   | ✓             | /  |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |  |               |    |   |
| 1   | Attach drain hose. Drain several gallons from tank to remove sediment.   | ✓             | /  | 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. | ✓             | /  | all relief valves function properly                                     |
| 3   | Check all connections - electric, gas and water. Tighten as necessary.   | ✓             | /  | all connections 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.   | ✓             | /  | temperatures are correct  |
| 5   | Clean water heater exterior.   | ✓             | /  |   |
| 6   | Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.  | ✓             | /  | all function properly   |
| 7   | Soap test for gas leaks, if leaks are found notify facility manager and AFOS immediately.  | ✓             | /  | used flammable gas leak detector  |
| 8   | Clean up work area and remove trash.   | ✓             | /  |   |

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To be performed by: General Maintenance Worker

**Additional Notes:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**ICE MAKER**

SITE AND BLDG #: NY127-01

MECHANIC  
SIGNATURE

DATE: 11/15/19

LOCATION/RM #: WO# 5996 ASSET # 190917-645 START TIME: 9:30am FINISH TIME: 11am

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---------------|----|---|
|   |   | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |   |               |    |   |
| 1   | De-energize, lock out, and tag electrical circuits.   | ✓             | /  |   |
| 2   | Only approved cleaning chemicals shall be used.   | ✓             | /  |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |               |    |   |
| 1   | Check with operating or area personnel for any deficiencies; verify cleaning program.   | ✓             | /  | no deficiencies noted   |
| 2   | Visually check for refrigerant, oil and water leaks.  | ✓             | /  | no refrigerant oil or water leaks                                       |
| 3   | Inspect ice condition/size.   | ✓             | /  | ice condition and size are good   |
| 4   | Clean air filter  | ✓             | /  |   |
| 5   | As needed, drain and clean unit with proper ice machine cleaning solution. Drain and clean at a minimum of annually.                    | ✓             | /  | used ice maker cleaner and sanitizer                                    |
| 6   | Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.                                   | ✓             | ✓  | no water filter present   |
| 7   | Check and tighten any loose screw-type electrical connections.  | ✓             | /  | electrical connections are good   |
| 8   | Check all controls; adjust if necessary.  | ✓             | /  | controls are good   |
| 9   | Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.                         | ✓             | /  | all function properly   |
| 10  | Check and clear ice machine draining system (drain vent, strainer, trap).   | ✓             | /  | drain is clear  |
| 11  | Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition. | ✓             | /  | all look good   |
| 12  | Clean motor, compressor, and condenser coil.  | ✓             | /  | no compressor or condenser coil   |

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To be performed by: General Maintenance Worker

**Additional Notes:** this unit is an ice dispenser not an ice maker

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**REACH-IN REFRIGERATORS/ FREEZERS**

SITE AND BLDG #: **NY127-01**MECHANIC  
SIGNATUREDATE: **11/15/19**

**LOCATION/RM #:** **WO# 5996** **ASSET # 190917-659** **190917-660** **START TIME: 11am** **FINISH TIME: 11:45am**

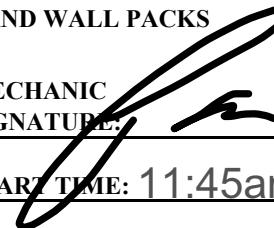
| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---------------|----|---|
|   |   | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |   |               |    |   |
| 1   | De-energize, lock out, and tag electrical circuits.   | ✓             | /  |   |
| 2   | If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.        | ✓             | /  |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |               |    |   |
| 1   | Check with operating or area personnel for any deficiencies; verify cleaning program.                                 | ✓             | /  | no deficiencies noted   |
| 2   | Verify indicator light on; check compartment temperature.   | ✓             | /  | compartment temperatures correct  |
| 3   | Examine evaporator for proper clearances/slope and air flow.  | ✓             | /  | evaporator clearances are correct                                       |
| 4   | Examine handles, hinges and tightness of door closure.  | ✓             | /  | tightened up handles  |
| 5   | Examine safety door release and fan shut down safety switch.  | ✓             | /  | safety switch functions properly  |
| 6   | Inspect lighting for burnt out lamps. Replace if required.  | ✓             | /  | lights are good   |
| 7   | Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s). | ✓             | /  | all are clean   |
| 8   | Clean condenser coil and condensing unit section.   | ✓             | /  | condensing unit sections clean  |
| 9   | Clean and inspect defrost evaporation trays/pans.   | ✓             | /  | evaporation pans / clean  |
| 10  | Check operation of thermostats; calibrated as required.   | ✓             | /  | thermostats are correct   |
| 11  | Check coil superheat and adjust to manufacturers recommendations.   | ✓             | /  | super heat is proper  |
| 12  | Inspect and service all electric motors.  | ✓             | /  | all electrical motors are good  |
| 13  | Check box floor for water or ice accumulation.  | ✓             | /  | no ice or water accumulation  |
| 14  | Clean up area and note any deficiencies.  | ✓             | /  |   |

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**  
**EMERGENCY EXIT SIGNS AND WALL PACKS**

ACTIVITY AND BLDG #: **NY127-01**MECHANIC  
SIGNATURE: DATE: **11/15/19**

LOCATION/RM #:

**WO# 5996****ASSET # 190917-686**START TIME: **11:45am**FINISH TIME: **1pm**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(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 work properly   |
| 3   | Clean exterior with dry cloth.  | ✓             | /  | exit signs are clean  |
| 4   | For Exit lights check for proper arrow direction.   | ✓             | /  | Arrow directions are proper   |
| 5   | Make and/or recommend any needed repairs.   | ✓             | /  | no recommended repairs  |

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:**