

**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
ROOF DRAINS, DOWNSPOUT, AND GUTTER INSPECTION

SITE AND BLDG #: NY-113-02

**MECHANIC
SIGNATURE:** 

DATE: 11/21/19

LOCATION/RM #: **WO#** 6001 **ASSET #** 190917-588
190917-589

START TIME: 11:30am

FINISH TIME: 12:15am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Use care when working in high places.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Use safety line with harness if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check gutters, drains, and downspouts to insure that they are properly attached to the building, connections sealed, and free of debris.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are properly fastened
2	Check drain strainers/screens for condition and proper installation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no heaters present
3	If downspouts have heaters, test, operate and correct deficiencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are good
4	Remove all trash, debris or unsecured material from roof area and gutters.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	gutters are clear
5	Where downspouts discharge onto lower roofs, check if there has been any scouring of the surfacing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no scouring
6	Check for missing or damaged splash blocks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no splash blocks

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 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: