

**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** **ROOF DRAINS, DOWNSPOUT, AND GUTTER INSPECTION**

**SITE AND BLDG #:** NY127-01

**MECHANIC  
SIGNATURE:** 

**DATE:** 11/15/19

**LOCATION/RM #:**                      **WO#** 6003                      **ASSET #** 190917-682

**START TIME:** 1pm

**FINISH TIME:** 2pm

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"/>	
2	Check drain strainers/screens for condition and proper installation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	If downspouts have heaters, test, operate and correct deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Remove all trash, debris or unsecured material from roof area and gutters.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Where downspouts discharge onto lower roofs, check if there has been any scouring of the surfacing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Check for missing or damaged splash blocks.	<input checked="" type="checkbox"/>	<input 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 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:**