

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: 11/19/19

Signed: 

E-Mail: L

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ROOF DRAINS, DOWNSPOUT, AND GUTTER INSPECTION

SITE AND BLDG #: NY127-03

**MECHANIC
SIGNATURE:**

DATE: 11/19/19

LOCATION/RM #:

WO# 6005

ASSET # 190917-731

START TIME: 12:30pm

FINISH TIME: 1:30pm

| 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. | ✓ | / | |
| 2 | Use care when working in high places. | ✓ | / | |
| 3 | Use safety line with harness if necessary. | ✓ | / | |
| 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. | ✓ | / | gutters are properly attached |
| 2 | Check drain strainers/screens for condition and proper installation. | ✓ | / | all are properly installed |
| 3 | If downspouts have heaters, test, operate and correct deficiencies. | / | ✓ | no heaters |
| 4 | Remove all trash, debris or unsecured material from roof area and gutters. | ✓ | / | all trash and debris has been removed |
| 5 | Where downspouts discharge onto lower roofs, check if there has been any scouring of the surfacing. | ✓ | / | no scouring |
| 6 | Check for missing or damaged splash blocks. | ✓ | / | no missing 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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: