

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY113 Date of Visit: 12/18/19 - 12/30/19

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S - 6423PMM, 6456PMS, 6104PFQ, 6424PMM, 6457PMS
2. GATES, HEATERS, WALL PACKS, LIGHTING, FILTERS
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/30/19

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: ZACHARY RUMO Date: 12/30/19

Signed: 

E-Mail: \_\_\_\_\_

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

**SITE AND BLDG #:** NYNY113-02

MECHANIC  
SIGNATURE: \_\_\_\_\_ DATE: 12/30/19

**LOCATION/RM #:** **WO# 6104**

START TIME: 8am FINISH TIME: 9am

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | TASK COMPLETE                       |                                     | NOTES/ ACTIONS<br><small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small> |
|---|---|-------------------------------------|-------------------------------------|--|
|   |   | YES                                 | NO                                  |  |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |                                     |                                     |  |
| 1   | Check, clean, and/or replace filters as required.               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 2   | Initial and Date Filter (if disposable)                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 3   | Initial and Date Yellow Maintenance Tag (if applicable)         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| ASSET #   | SIZE  | QTY                                 |                                     | NOTES/ ACTIONS   |
|   | Record Size :   |                                     |                                     |  |
| 190917-549  | 20x12   | 1                                   |                                     | washable permanent filter  |
| 190917-551  | 16x20x4   | 2                                   |                                     |  |
| 190917-552  | 16x20x2   | 2                                   |                                     |  |
| 190917-557  | 20x25x2   | 15                                  |                                     |  |
| 190917-563  | 0   | 0                                   |                                     | no filters   |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   |   |                                     |                                     |  |
|   | NOTE : Any AHU with outside air -Filter gets replaced Quarterly |                                     |                                     |  |
|   | All other filters get replaced annually But inspected Quarterly |                                     |                                     |  |
|   |   |                                     |                                     |  |

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 Technician

**Additional Notes:**