

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 12/20/19

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. WO6124-6128FQT, WO6192MO,WO6211-6222QT,WO6296-6301SA
2. WO6422PMM,WO6452PMS, WO6223QT,WO6302-6304SA, WO6453PMS
3. WO6305SA,WO6454PMS
4. FILTERS, LIGHTING,SUMP PUMP,GREASE TRAP,HEATERS,GATES
5. WALL PACKS,EXHAUST SYSTEM,

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/20/19

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: SSG WILLIAM MONTES Date: 12/20/19

Signed: Will Montes

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**SUMP PUMP**

SITE AND BLDG #: **NY067-01**MECHANIC  
SIGNATURE: DATE: **12/20/19**

LOCATION/RM #:

**WO# 6221****ASSET # 10610**START TIME: **9am**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   | Excessive sediment and debris, not removed by flushing the pit should be handled on a project basis, and not considered under this standard.                | /             | ✓  |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |               |    |   |
| 1   | Remove cover plates and flush pit.  | ✓             | /  |   |
| 2   | Inspect check valve.  | ✓             | /  | check valve functions properly  |
| 3   | Inspect interior of pit for cracks.   | ✓             | /  | no cracks   |
| 4   | Inspect cover plate is in place   | ✓             | /  |   |
| 5   | Insuure the unit is operating properly, report any deficiencies   | ✓             | /  | no deficiencies   |
| 6   | Clean up work area and remove all debris.   | ✓             | /  |   |

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 discription of the deficiency.

To be perfromed by: General Maintenance Worker

**Additional Notes:**