

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 12/5/19 - 12/18/19

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. WO6098,6177,6178FQT, WO6210-6210MO,WO6410-6415SA,WO6420PMM
2. WO6427PMQ, WO6440PMS, WO6264QT,WO6416SA, WO6441-6442PMS
3. FILTERS, LIGHTING, GATES, HEATERS,FAN COILS,SUMP PUMP,WALL
4. PACKS, EXHAUST SYSTEM
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

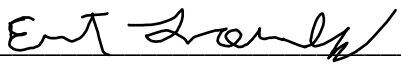
Print Name: Patrick Brown Date: 12/18/19

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: HM1 Ernest Lovenberg Date: 12/18/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST VEHICLE EXHAUST REMOVAL

 MECHANIC
SIGNATURE
 

DATE: 12/18/19

SITE AND BLDG #: NY039-02

LOCATION/RM #: WO# 6244 ASSET # 9943

START TIME: 8am

FINISH TIME: 8:30am

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|---|-------------------------------------|--------------------------|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Start and stop fan with local switch | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Check motor and fan shaft bearings for noise, vibraton, overheating; lubrucate bearings.-Inspect hoses -report issues -open CM ticket | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Inspect, adjust belts and pulleys. Replace belt as needed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Clean dampers; lubricate pivot points (annually) and inspect linkages for tightness. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Inspect fan for bent blades, unbalance, excessive noise and vibration. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Clean fan as needed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 | Visually inspect exhaust system tubing and/or duct work for any damage that could result in leaks. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 8 | Repair as needed | <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 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 Worker

Additional Notes: there is a cm request in to have the tubing fixed on this unit