

**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. <u></u> |
| 2. <u></u> | 4. <u></u> |

Work Performed:

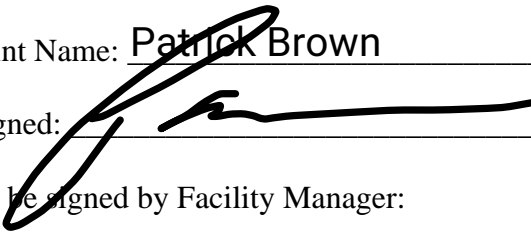
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

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,

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: 

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

UNIT HEATER, HOT WATER

SITE AND BLDG #: NY067-01

MECHANIC
SIGNATURE: 

DATE: 12/20/19

 LOCATION/RM #:
 WO# 6296 ASSET # 10556
 6452 190917-423,424,425,427,428

START TIME: 10am

FINISH TIME: 11am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Schedule shutdown with operating personnel.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	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 checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no abnormal wear or leaks
2	Clean the coils	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	coils are clean
3	Comb the fins as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fins are straight
4	Clean all fans and motors.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fans and motors are clean
5	Check operation of controls and safeties.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	controls function properly
6	Lubricate as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7	Check all motors, belts, pulleys, shafts, etc. for alignment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are good

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 performed by: General Maintenance Worker

Additional Notes: