

**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:

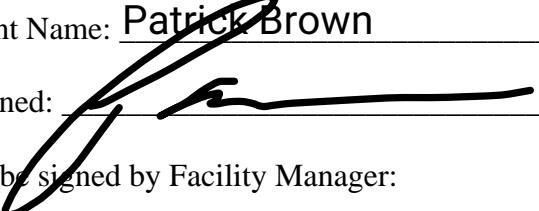
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

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

CERTIFICATION OF WORK

To be signed by the Contractor:

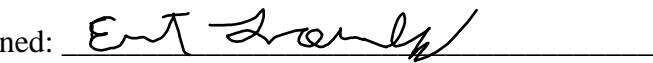
Print Name: Patrick Brown Date: 12/18/19

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
UNIT HEATER, INFRA-RED, RADIANT, GAS

SITE AND BLDG #: **NY039-01**MECHANIC
SIGNATURE: DATE: **12/5/19**

LOCATION/RM #:	WO# 6410	ASSET # 9893
	6412	9895

START TIME: **8am**FINISH TIME: **10am**

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"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	For gsa/oil heaters: 1. Remove access panels if applicable. 2. Check the fire box liner or refractory for cracks and leaks. 3. Check all gas lines for leaks. Repair as needed.	<input checked="" type="checkbox"/>		
2	Clean dirt from heater, vaccuming is preferred.	<input checked="" type="checkbox"/>		
3	Check operation of gas valve.	<input checked="" type="checkbox"/>		
4	Check for gas leaks.	<input checked="" type="checkbox"/>		
5	Check operation of thermostat.	<input checked="" type="checkbox"/>		
6	If applicable, replace primary air intake filter.	<input checked="" type="checkbox"/>		
7	As needed, clean spark electrode and reset gap, replace if necessary.	<input checked="" type="checkbox"/>		
8	Inspect flue pipe and connections.	<input checked="" type="checkbox"/>		
9	If applicable, inspect and clean outside air blower and blower intake.	<input checked="" type="checkbox"/>		
10	Inspect unit for proper operation.	<input checked="" type="checkbox"/>		
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" 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: HVAC Technician

Additional Notes: there was a work order put in to have asset 9893 heaters removed