

**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. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

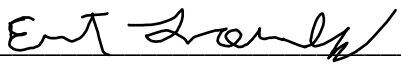
Print Name: Patrick Brown Date: 12/18/19

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

### FAN COIL UNIT

SITE AND BLDG #: **NY039-01**MECHANIC  
SIGNATURE: DATE: **12/5/19**LOCATION/RM #:                      WO# **6413**                      ASSET # **9896**START TIME: **11am**FINISH TIME: **12pm**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS  (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	As needed, de-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. Follow lock out/tag out procedures at all times.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check fan blades for dust buildup and clean if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Check fan blades and moving parts for cracks and excessive wear.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no cracks or excessive wear
3	Tighten all electrical connectors to proper torque asneeded.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	electrical connections are tight
4	Check that the fan runs properly in all speeds as applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all fans function properly at all speeds
5	Check dampers and rotating auto diffusers for dirt accumulations, clean as necessary. Check felt, repair or replace as necessary.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no Auto diffusers
7	Lubricate mechanical connections of dampers sparingly as applicable.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no dampers
8	Check the valve(s) for signs of leakage and proper operation. If leak is detected, submit a CM.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	valves function properly no leaks
9	Clean coils by brushing, blowing, vacuuming	<input checked="" type="checkbox"/>	<input type="checkbox"/>	coils are clean
10	Check coils for leaking, tightness of fittings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no leaks fittings are tight
11	Use fin comb to straighten coil fins as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fins are straight
12	Check belts for wear and cracks, adjust tension or alignment as applicable. Replace belts when necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	units are direct drive
13	Check rigid couplings for alignment on direct drives, and for tightness of assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	direct drive is good
14	Vacuum interior of unit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15	Check filter door for proper gasketing and air leaks. Correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	gaskets are good
16	Change the filter as needed with the correct size and type filter.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Filter gets checked Quarterly
17	Insure that drain(s) are clear and running.- Install condensate tablet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	drains are clear and running
18	Clean up work area. - Record Humidity level in area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Humidity %

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:**