

**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:

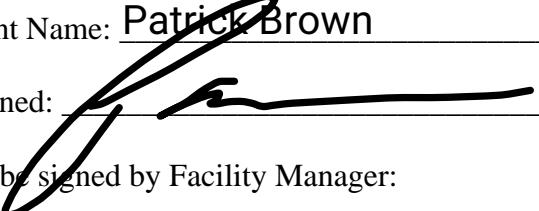
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

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:

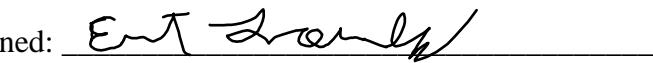
Print Name: Patrick Brown Date: 12/18/19

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
UNIT HEATER, INFRA-RED, RADIANT, GAS

SITE AND BLDG #: **NY039-02**MECHANIC
SIGNATURE DATE: **12/18/19**LOCATION/RM #: **WO# 6416 ASSET # 9939**START TIME: **8:30am**FINISH TIME: **9am**

| 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 | 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"/> | <input type="checkbox"/> | |
| 2 | Clean dirt from heater, vaccuming is preferred. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Check operation of gas valve. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Check for gas leaks. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Check operation of thermostat. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 | If applicable, replace primary air intake filter. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 | As needed, clean spark electrode and reset gap, replace if necessary. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 8 | Inspect flue pipe and connections. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 9 | If applicable, inspect and clean outside air blower and blower intake. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 10 | Inspect unit for proper operation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 11 | Inspect unit for overall condition and recommend for replacement or other needed repairs. | <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: HVAC Technician

Additional Notes: these units do not function properly and I am unable to do a full inspection because the cages are unsafe to get on top of they will have to be removed in order for me to do a complete PM on