

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 12/19/19 -12/27/19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

- 6105**
1. ~~WO'S~~ WO'S 6105 PFQ,6428PMQ,6459PMS,6106PFQ,6425PMM,6460PMS,6461PMS
 2. FILTERS,GREASE TRAP, HEATERS,KITCHEN HOOD, WALL PACKS,
 3. FAN COILS, LIGHTING, FURNACE,GATE
 4. _____
 5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Patrick Brown Date: 12/27/19

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: LARS LUFFMAN Date: 12/27/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

GREASE TRAP

SITE AND BLDG #: NY127-01
**MECHANIC
SIGNATURE:** 
DATE: 12/27/19
LOCATION/RM #: _____ **WO#** 6428 **ASSET #** 190917-643
START TIME: 1:15pm
FINISH TIME: 2pm

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 checked="" type="checkbox"/>	
2	Insure proper grease disposal.-Tanks are pumped by local septic companies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove lid. If the trap is equipped with removable baffles, remove them.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	flow restrictor is present no damage or missing parts
2	Make sure the flow restrictor on the inflow pipe is present.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Replace lid and baffles.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Record grease trap maintenance activities on your log or request a receipt from your grease hauler. Keep records for 3 years. -In Maximo under WO#	<input checked="" type="checkbox"/>	<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 discription of the deficiency.

To be performed by: General Maintenance Technician

Additional Notes: