

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY113 Date of Visit: 12/18/19 - 12/30/19

Contractor Personnel on Site:

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

Work Performed:

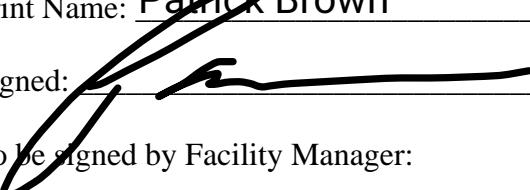
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S - 6423PMM, 6456PMS, 6104PFQ, 6424PMM,6457PMS
2. GATES, HEATERS,WALL PACKS, LIGHTING, FILTERS
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/30/19

Signed: 

To be signed by Facility Manager:

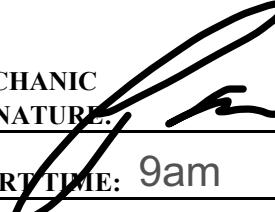
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: ZACHARY RUMO Date: 12/30/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
GATES

SITE AND BLDG #: **NY113-01**MECHANIC
SIGNATURE: DATE: **12/18/19**

| | | | |
|----------------|-----------------|---------------------------|--------------------------|
| LOCATION/RM #: | WO# 6423 | ASSET # 190917-544 | START TIME: 9am |
| | | 6456 | 190917-545 |
| | | | FINISH TIME: 10am |

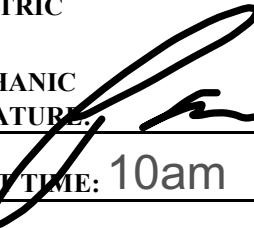
| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---------------|----|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 1 | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. | ✓ | / | |
| 2 | Notify affected personnel before performing PM (alarmed or security entrances). | ✓ | / | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Inspect all pivot points, hinges, latches, etc. Apply lubricant where needed, wiping off excess. | ✓ | / | used PB blaster garage door lubricant |
| 2 | Check all locking devices. Lubricate as required. | ✓ | / | |
| 3 | Inspect center gate support rollers and lubricate as required. | ✓ | / | used white lithium grease |
| 4 | Clean roller track of any debris. | ✓ | / | no debris |
| 5 | Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary. | ✓ | / | all are good |
| 6 | Check for any obstructions that retard full swing or movement of the gate. | ✓ | / | no obstructions |
| 7 | Check that shrubs and trees are pruned clear of gate. | ✓ | / | shrubs and trees are clear of gate |
| 8 | Check hold open devices for proper operation. Lubricate as required. | ✓ | / | |
| 9 | Check the top guard and ensure that it is properly fastened and the wires are tight. Tighten as required. | ✓ | / | top guard and wires are tight |

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: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
UNIT HEATER, ELECTRIC

SITE AND BLDG #: **NYNY113-01**MECHANIC
SIGNATURE: DATE: **12/18/19**LOCATION/RM #: **WO# 6456 ASSET # 190917-508**START TIME: **10am**FINISH TIME: **11:30am**

| 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 | Check heater coils and associated piping for leaks or corrosion. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no leaks or corrosion |
| 2 | Clean heating coil. Brush vacuum where accessible. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | coil is clean |
| 3 | Inspect wiring and electrical controls for loose connections, charred, frayed or broken insulation, evidence of short circuiting, wrong size fuses, circuit breakers, or switches, and other electrical deficiencies. Tighten any loose connections. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | wiring is good |
| 4 | Inspect fan for bent blades, unbalance, excessive noise and vibration. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no bent blades |
| 5 | Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no noise or vibration |
| 6 | Verify proper control by modulating the thermostat through complete cycle. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | thermostats function correctly |
| 7 | Inspect unit for proper operation and associated T-Stat | <input checked="" type="checkbox"/> | <input type="checkbox"/> | unit functions properly |
| 8 | Inspect unit for overall condition and recommend for replacement or other needed repairs. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | units are in new condition |

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: **NYNY113-01**MECHANIC
SIGNATUREDATE: **12/18/19**LOCATION/RM #: **WO# 6456**ASSET # **190917-540**START TIME: **11:30am**FINISH TIME: **12:30pm**

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---------------|----|---|
| | | YES | NO | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Inspect for structural defects, note needed repairs | ✓ | | |
| 2 | Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket | | ✓ | |
| 3 | Clean exterior with dry cloth. | ✓ | | |
| 4 | For Exit lights check for proper arrow direction. | | ✓ | |
| 5 | Make and/or recommend any needed repairs. | ✓ | | |

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: General Maintenance Worker

Additional Notes: *no recommended repairs this time all lights on the outside of the building work properly*

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: **NYNY113-01**MECHANIC
SIGNATURE: DATE: **12/18/19**

LOCATION/RM #:

WO# 6456**ASSET # 190917-5433**START TIME: **12:30pm**FINISH TIME: **1pm**

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|---|---------------|----|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 1 | Schedule and coordinate work with operating personnel. | ✓ | / | |
| 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. | ✓ | / | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Inspect lighting contactor for pitting or arcing - report issues | ✓ | / | no pitting or arcing |
| 2 | Inspect visual condition of wiring. Look for evidence of overheating. | ✓ | / | no evidence of overheating |
| 3 | Check for proper light operation. | ✓ | / | all are good |
| 4 | Test operation of automatic switches/ time clock/ photocells if applicable. | ✓ | / | all function properly |
| 5 | Inspect light pole and mounting devices for deficiencies. | ✓ | / | light poles and mounting are good |
| 6 | For any noted deficiency, takes pictures and open corrective maintenance ticket. | ✓ | / | no deficiencies noted |

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: General Maintenance Worker

Additional Notes: