

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 1/2/20

Contractor Personnel on Site:

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

**Work Performed:**

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

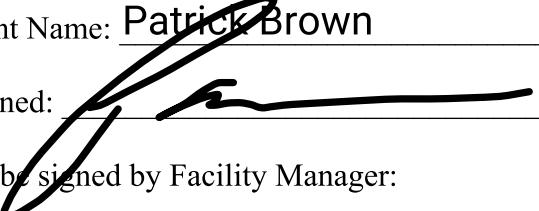
1. WO'S 6564-6569AN, 6696MO, 6748-6750SA, 6827PMM, 6835PMQ
2. 6751-6752SA, 6836PMQ, 6753-6754SA, 6837PMQ
3. KITCHEN EQUIP, LIGHTING, OVERHEAD DOORS, GATE, FILTERS
4. WO's 6558-6563AN
5. 6890F

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

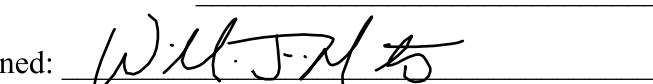
Print Name: Patrick Brown Date: 1/2/20

Signed: 

To be signed by Facility Manager:

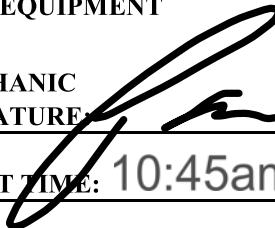
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SSG WILLIAM MONTES Date: 1/2/20

Signed: 

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**MISCELLANEOUS KITCHEN EQUIPMENT**

ACTIVITY AND BLDG #: **NY067-01**MECHANIC  
SIGNATURE: DATE: **1/2/20**

**6558** **10570**  
**LOCATION/RM #:** **WO# 6561-6568** **ASSET # 10573-10580**

START TIME: **10:45am**FINISH TIME: **11:30am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	Notify cafeteria operator and get permission prior to performing all maintenance.	/	/	
2	De-energize, lock out, and tag electrical circuits and fuel service.	/	/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check with operator or manager for any deficiencies, verify cleaning program.	/	/	no deficiencies noted
2	Check all controls, mechanisms for proper operation; adjust as required.	/	/	all function properly
3	If applicable, examine utility supply line, piping, valve packing, specialties, and insulation; look for any leaks.	/	/	all are good
4	If applicable, check electric power line condition, switch, disconnect, etc.; or check condition of gas supply, valves, regulators, and inspect pilot, check for Gas leaks.	/	/	all are good
5	Ensure unit is clean and in working order. Note any deficiencies.	/	/	

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:**