

**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

CERTIFICATION OF WORK

To be signed by the Contractor:

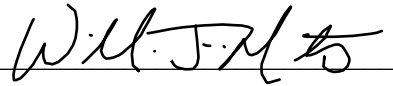
Print Name: Patrick Brown Date: 1/2/20

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

KITCHEN HOOD

ACTIVITY AND BLDG #: **NY067-01**MECHANIC
SIGNATURE DATE: **1/2/20**LOCATION/RM #: WO# **6559** ASSET # **10571**START TIME: **11:30am**FINISH TIME: **12pm**

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"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Clean all accessible surfaces thouroughly.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Check all louvers and dampers. If dampers must be moved to ensure complete cleaning, ensure they will be marked and returned to their original position to prevent unbalancing the system.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are good
3	Clean and/or replace filters, if applicable.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	filters are clean
4	Enure unit is operating properly, not any deficiencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	I replaced 3 light bulbs

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: