

**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:

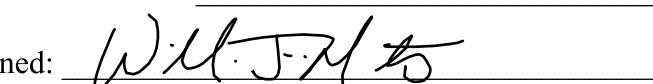
Print Name: Patrick Brown Date: 1/2/20

Signed: 

To be signed by Facility Manager:

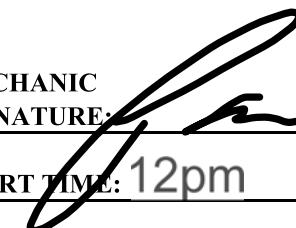
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

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

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**OVEN**

ACTIVITY AND BLDG #: **NY067-01**MECHANIC  
SIGNATURE: DATE: **1/2/19**LOCATION/RM #: **WO# 6560**      ASSET # **10572**START TIME: **12pm**FINISH TIME: **12:30pm**

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 operating or area personnel for any deficiencies; verify cleaning program.	✓	/	no deficiencies noted
2	Check all controls, mechanisms for proper operation; adjust as required.	✓	/	all controls function properly
3	Examine utility supply line, piping, valve packing, specialties, and insulation; look for leaks.	✓	/	no leaks
4	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 in good shape
5	Check the operation of thermostats; calibrate if required	✓	/	thermostats are correct
6	Clean and adjust gas burners.	✓	/	gas burners are good
7	Check safety pilot and solenoid.	✓	/	
8	Clean and adjust pilot light assembly.	✓	/	pilot lights are good
9	Check flue for proper draft or obstructions.	✓	/	no obstructions
10	Lubricate gas valves.	✓	/	
11	Clean interior walls and elements to obtain maximum heat transfer.	✓	/	all are clean
12	Check gaskets and seals; check doors for tightness and warping; lubricate hinges and repair as necessary.	✓	/	gaskets and seals are good
13	Examine handles, knobs and controls for tightness and safe condition.	✓	/	all are good

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: