

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 1/28/20

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 6637-6640AN, 6778-6781SA, 6823PMM, 6782-6783SA
2. VARIOUS KITCHEN EQUIP, OVERHEAD DOORS, LIGHTING, DEHUMIDIFIER
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Patrick Brown Date: 1/28/20

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: SFC KEVIN STEWART Date: 1/28/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

MISCELLANEOUS KITCHEN EQUIPMENT

 MECHANIC
SIGNATURE: 

DATE: 1/28/20

START TIME: 9am

FINISH TIME: 9:15am

ACTIVITY AND BLDG #: NY013-01

	6637	9223	
LOCATION/RM #:	WO# 6638	ASSET # 9224	
	6639	9228	

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Notify cafeteria operator and get permission prior to performing all maintenance.		<input checked="" type="checkbox"/>	
2	De-energize, lock out, and tag electrical circuits and fuel service.		<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operator or manager for any deficiencies, verify cleaning program.		<input checked="" type="checkbox"/>	
2	Check all controls, mechanisms for proper operation; adjust as required.		<input checked="" type="checkbox"/>	
3	If applicable, examine utility supply line, piping, valve packing, specialties, and insulation; look for any leaks.		<input checked="" type="checkbox"/>	
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.		<input checked="" type="checkbox"/>	
5	Ensure unit is clean and in working order. Note any deficiencies.		<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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

the griddles and the serving counter have all been disconnected and are no longer used