

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 1/8/20

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 6822PMA, 6841PMQ, 6849PMS, 6830PMM, 6842PMQ, 6850PMS,
2. 6851
3. 6843PMQ, ~~9851~~ PMS
4. KITCHEN QUIP, LIGHTING, OVERHEAD DOORS, DEHUNIDIFIER
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1/8/20

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: Mike mossman AFOS Date: 1/8/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

MISCELLANEOUS KITCHEN EQUIPMENT

ACTIVITY AND BLDG #: NY127-01

MECHANIC
SIGNATURE: 

DATE: 1/8/20

LOCATION/RM #:

WO# 6822

190917-646 -648-649-653
ASSET # 190917-656-657-661

START TIME: 8am

FINISH TIME: 9:30am

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"/>	<input checked="" type="checkbox"/>	
2	De-energize, lock out, and tag electrical circuits and fuel service.	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	no noted deficiencies
2	Check all controls, mechanisms for proper operation; adjust as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all function properly
3	If applicable, examine utility supply line, piping, valve packing, specialties, and insulation; look for any leaks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no leaks
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"/>	<input checked="" type="checkbox"/>	all lines are good
5	Ensure unit is clean and in working order. Note any deficiencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no 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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

OVEN

MECHANIC
SIGNATURE: 

DATE: 1/8/20

ACTIVITY AND BLDG #: NY127-01

LOCATION/RM #:

WO# 6822

ASSET # 190917-654

START TIME: 9:30am

FINISH TIME: 10am

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"/>	<input checked="" type="checkbox"/>	
2	De-energize, lock out, and tag electrical circuits and fuel service.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no noted deficiencies
2	Check all controls, mechanisms for proper operation; adjust as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all operate correctly
3	Examine utility supply line, piping, valve packing, specialties, and insulation; look for leaks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are good
5	Check the operation of thermostats; calibrate if required	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	thermostats are correct
6	Clean and adjust gas burners.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	gas burners are good
7	Check safety pilot and solenoid.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Clean and adjust pilot light assembly.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	assembly's are good
9	Check flue for proper draft or obstructions.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
10	Lubricate gas valves.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
11	Clean interior walls and elements to obtain maximum heat transfer.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	unit is clean
12	Check gaskets and seals; check doors for tightness and warping; lubricate hinges and repair as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are tight and seal good
13	Examine handles, knobs and controls for tightness and safe condition.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	handles and knobs are good

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To be performed by: General Maintenance Worker

Additional Notes: