

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 1/15/20

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 6690-6691MO, 6719-6720SA, 6826PMM, 6832PMQ, 6845PMS,
2. 6721SA, 6833PMQ
3. LIGHTING, GATES, OVERHEAD DOORS, DEHUMIDIFIER
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1/15/20

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 PATRIC HANLON Date: 1/15/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

DEHUMIDIFIER

SITE AND BLDG #: **NY051-01**MECHANIC
SIGNATURE: DATE: **1/15/20**LOCATION/RM #: **VAULT** WO# **6845** ASSET # **190917-285**START TIME: **9:30am**FINISH TIME: **10:15am**

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	Check water inlet and outlet for any leaks, repair as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no leaks
2	Clean and/or replace filter as needed. -Record space humidity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Space Humidity <u>38</u> %
3	If applicable, check hours per usage, replace tanks's as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no hour meter

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: