

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 2/5/20

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>PATRICK BROWN</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

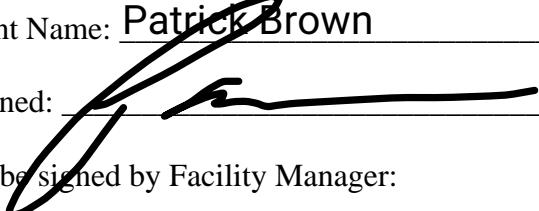
**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S 6962-6963AN, 7152-7158QT, 7277PMM, 7285PMQ, 7302PMS 7159-7160QT
  2. BOILERS, REFRIGERATORS, WATER HEATERS, EMERGENCY WALL PACKS, EMERGENCY
  3. LIGHTS AND SIGNS, EXTERIOR LIGHTING, EXPANSION TANKS, ISOLATION VALVES,
  4. BLDG AUTOMATION SYSTEM, CIRCULATING PUMPS,
  5. \_\_\_\_\_
- 

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/5/20

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: 2/5/20

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DOMESTIC HOT WATER HEATER - ELECTRIC**

SITE AND BLDG #: **NY013-01**

|                |               |                 |                     |
|----------------|---------------|-----------------|---------------------|
| LOCATION/RM #: | <b>RM 122</b> | WO# <b>7154</b> | ASSET # <b>9240</b> |
|                | <b>RM 119</b> | <b>7155</b>     | <b>9241</b>         |

MECHANIC  
SIGNATUREDATE: **2/5/20**START TIME: **9:15am**FINISH TIME: **9:45am**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION   | TASK COMPLETE                       |                          | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|-------------------------------------|--------------------------|---|
|   |  | YES                                 | NO                       |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |  |                                     |                          |   |
| 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 type="checkbox"/> |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |  |                                     |                          |   |
| 1   | Attach drain hose. Drain several gallons from tank to remove sediment.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 2   | Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 3   | Check all connections - electric and water. Tighten as necessary. Ensure power is disconnected to electric heaters prior to checking connections.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 4   | Check operation/ setting of aquastat. Check hot water temperature with dial thermometer, set aquastat at minimum value required for all uses.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 5   | Check amperage draw of upper and lower elements and compare to name plate data.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | AMP READINGS L1 <b>120v</b> L2 <b>120v</b>                              |
| 6   | Clean up work area and remove trash.   | <input checked="" type="checkbox"/> | <input 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:** on asset# 9240 the relief valve is froze and does not function I'm requesting a cm ticket to be opened