

**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
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: **NY013-01**MECHANIC
SIGNATURE: DATE: **2/5/20**LOCATION/RM #: **WO# 7156-7158 ASSET # 9243-9245**
7285 190917-132START TIME: **9:45am**FINISH TIME: **10:15am**

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|---|-------------------------------------|-------------------------------------|---|
| | | YES | NO | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Inspect for structural defects, note needed repairs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no defects |
| 2 | Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | all units function properly |
| 3 | Clean exterior with dry cloth. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | units are clean |
| 4 | For Exit lights check for proper arrow direction. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | arrow directions are proper |
| 5 | Make and/or recommend any needed repairs. | <input checked="" type="checkbox"/> | <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 discription of the deficiency.

To be perfomed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

EXPANSION TANKS

SITE AND BLDG #: **NY013-01**MECHANIC
SIGNATURE: DATE: **2/5/20**LOCATION/RM #: **RM 119** WO# **7285** ASSET # **190917-102**START TIME: **10:30am**FINISH TIME: **10:45am**

| 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 type="checkbox"/> | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no leaks or corrosion |
| 2 | If applicable, Check sight glass, insure level is between 1/2 and 3/4 sight glass. Correct as needed. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | no sight glass |
| 3 | If applicable, check tank pressure via schrader valve. Correct as needed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | pressure is correct |

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

ISOLATION VALVE

SITE AND BLDG #: **NY013-01**MECHANIC
SIGNATURE: DATE: **2/5/20**LOCATION/RM #: **RM 119** WO# **7285** ASSET # **190917-103**START TIME: **10:45am**FINISH TIME: **11am**

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|--|-------------------------------------|--------------------------|---|
| | | YES | NO | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Inspect valve for damage and/or leaks. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no damage or leaks on any of the valves |
| 2 | Exercise valve (at least 2 times per year) to ensure proper function. If valve does not function properly and/or leaks, open CM ticket for repair. Note the location of the valve. | <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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: