

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 2/6/20

Contractor Personnel on Site:

1. PATRICK BROWN 3. _____
2. _____ 4. _____

Work Performed:

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

1. WO'S 6976AN, 7017-7018MO, 7208-7211QT, 7276SA, 7279PMM, 7292PMQ
2. 7304-7305 PMS, 6941PFA, 7212-7215 PMQT
3. BOILER, OUTSIDE LIGHTING, GATES, CIRCULATING PUMP, HEATER, EXPANSION
4. TANKS, EMERGENCY EXIT SIGNS, KEYPAD ENTRY, AIR COMPRESSOR FILTER
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/6/20

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: E5 Carlos Erazo Date: 2/6/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: **NY039-01**MECHANIC
SIGNATUREDATE: **2/6/20**

LOCATION/RM #:	WO# 7209	ASSET # 9929
	7292	190917-263

START TIME: **10:15am**FINISH TIME: **10:30am**

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.	✓	/	
2	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.	✓	/	
3	Do not allow any open flames around equipment.	/	✓	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Attach drain hose. Drain several gallons from tank to remove sediment.	✓	/	drained water for several minutes
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.	✓	/	safety valve on 263 functions properly
3	Check all connections - electric, gas and water. Tighten as necessary.	/	✓	all are tight
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses.	✓	/	aquastat on 263 is correct
5	Clean water heater exterior.	✓	/	
6	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.	✓	/	no pumps
7	Soap test for gas leaks, if leaks are found notify facility manager and AFOS immediately.	✓	/	no leaks
8	Clean up work area and remove trash.	✓	/	

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: **there is a CM request in to replace asset# 9929 water heater it does not work at all**

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

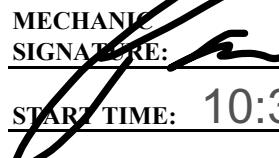
ACTIVITY AND BLDG #: **NY039-01**

7210 9933

LOCATION/RM #:

WO# **7211**ASSET # **9934**

7292 190917-268

MECHANIC
SIGNATURE: DATE: **2/6/20**START TIME: **10:30am**FINISH TIME: **11:30am**

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	✓	/	
2	Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket	✓	/	
3	Clean exterior with dry cloth.	✓	/	
4	For Exit lights check for proper arrow direction.	✓	/	arrow directions are proper
5	Make and/or recommend any needed repairs.	/	/	

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: I replaced 2 exit signs and 1 wall pack

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EXPANSION TANKS

SITE AND BLDG #: **NY039-01**MECHANIC
SIGNATURE: DATE: **2/6/20**

LOCATION/RM #:

WO# **7292**ASSET # **190917-250**
190917-251START TIME: **11:30pm**FINISH TIME: **12pm**

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.	✓		
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.	✓		no leaks or corrosion
2	If applicable, Check sight glass, insure level is between 1/2 and 3/4 sight glass. Correct as needed.	✓		level is 1/2
3	If applicable, check tank pressure via schrader valve. Correct as needed.		✓	no Schrader valve

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: