

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 2/12/20-2/13/20

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 6932FQ, 6958-6960AN, 6984FAN, 7000MO, 7089-7095QT, 7234-7235SA
2. 7281PMM, 7295PMQ, 73110PMS, 6961AN, 7096-7098QT, 7296PMQ, 7312PMS, 7099-7100QT
3. FILTERS, BOILERS, OUTSIDE LIGHTING, CIRCULATING PUMPS, KITCHEN EQUIPMENT,
4. EMERGENCY WALL PACKS AND EXIT SIGNS, ISOLATION VALVES, GLYGOL FEEDER,
5. EXPANSION TANKSWATER HEATERS, BLDG AUTOMATION SYSTEM,

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/13/20

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: AMMIE Mearero Date: 2/13/20

Signed: \_\_\_\_\_

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

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **EXPANSION TANKS**

**SITE AND BLDG #:** NY067-02

**MECHANIC  
SIGNATURE:** 

**DATE:** 2/13/20

**LOCATION/RM #:**

**WO#** 7296

**ASSET #** 190917-455

**START TIME:** 12pm

**FINISH TIME:** 12:30pm

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 sign's of 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"/>	tank 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:**