

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY113 Date of Visit: 2/10/20

Contractor Personnel on Site:

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

Work Performed:

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

1. WO'S 6944PFA,7282PMM,7298PMQ,7314-7315 PMS,6945PFA,
2. 7286PMM, 7299PMQ, 7316-7317 PMS
3. FILTERS, GATES, EXPANSION TANKS, BYPASS FEEDER, WATER HEATERS,STORAGE
4. TANKS, EXIT SIGNS, CIRCU PUMPS, VAVs, BLDG AUTOSYSTEM, KEYPAD,
5. AIR COMPRESSOR, OUTSIDE LIGHTING,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/10/20

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: SGT James Alsimer Date: 2/10/20

Signed: 

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

EXPANSION TANKS

SITE AND BLDG #: **NY113-02**MECHANIC
SIGNATURE: DATE: **2/10/20**LOCATION/RM #: **WO# 7299** ASSET # **190917-553**START TIME: **3pm**FINISH TIME: **3:15pm**

| 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

DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: NY113-02MECHANIC
SIGNATURE: DATE: 2/10/20LOCATION/RM #: _____ WO# 7299 ASSET # 190917-578START TIME: 3:15pmFINISH TIME: 3:45pm

| 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"/> | |
| 2 | Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 3 | Do not allow any open flames around equipment. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Attach drain hose. Drain several gallons from tank to remove sediment. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 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. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | safety valve functions properly |
| 3 | Check all connections - electric, gas and water. Tighten as necessary. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 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. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | aquastat is correct |
| 5 | Clean water heater exterior. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 6 | Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | pump and pump seal are good |
| 7 | Soap test for gas leaks, if leaks are found notify facility manager and AFOS immediately. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no leaks found |
| 8 | Clean up work area and remove trash. | <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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
CHEMICAL BYPASS/POT FEEDER

SITE AND BLDG #: NY113-02

**MECHANIC
SIGNATURE:** 

DATE: 2/10/20

LOCATION/RM #: **WO# 7299** **ASSET # 190917-579**

START TIME: 3:45pm

FINISH TIME: 4pm

| 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 | Check physical condition of feeder. Clean and/or repair as needed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | feeder is in good condition |
| 2 | Check valves for proper operation. Ensure no leaks are present and repair as needed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | valves function properly |

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
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: NY113-02

**MECHANIC
SIGNATURE:** 

DATE: 2/10/20

LOCATION/RM #: exterior **WO#** 7299 **ASSET #** 190917-584

START TIME: 4pm

FINISH TIME: 4:15pm

| 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 found |
| 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"/> | 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"/> | no repairs needed |

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: