

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 2/3/20 - 2/4/20

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 6921FQ, 6942PFA, 6948-6950AN, 6977FAN, 6994-6995MO, 7023-7026QT
2. 7220-7221SA, 7280PMM, 7293PMQ, 7306PMS, 7307PMS, 7222SA
3. VAV DUCTS, AIR DRYER, BOILERS, OUTSIDE LIGHTING, GATES, CIRCULATING PUMPS
4. EMERGENCY LIGHTING, EXPANSION TANKS, STORAGE TANK, CHEMICAL BYPASS FEEDER
5. ISOLATION VALVES, BLDG AUTO SYSTEM, AUTO ACCES KEY PADS, AUTO ACCESS CONTROL

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/4/20

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 ERIC ABBOT Date: 2/4/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

VAV BOX

SITE AND BLDG #: **NY051-01**MECHANIC
SIGNATURE: _____DATE: **2/4/20**LOCATION/RM #: _____ WO# **7220** ASSET # **10043**
7306 **190917-279**START TIME: **11am**FINISH TIME: **1:30pm**

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 checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	If EMS system permits, check that the operating controls activate damper per design specifications.-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Record CFM AIR FLOW <u>106 - 400</u>
2	If required, check damper linkage for tightness and lightly lubricate.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no dampers
3	If required, inspect dampers for free movement.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	If required, inspect actuators for tightness to mounting brackets.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	actuators are tight
5	As needed, tighten electrical connections to servo motor.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	electrical connections are tight
6	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	overall units are in good condition

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: HVAC Technician

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

DDC CONTROLLER

SITE AND BLDG #: NY051-01MECHANIC
SIGNATURE: DATE: 2/3/20LOCATION/RM #: RM 133 WO# 7306 ASSET # 190916-286START TIME: 2:30pmFINISH TIME: 3pm

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	Obtain username and password for login. If not available, contact appropriate company manager to obtain access.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Login into system, check for any alarms currently on system. Make necessary repairs to correct alarms back to normal state.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Check physical condition of the device. Shut off power to the unit. Vacuum any remaining dust. Turn power back on to the unit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	device is in good condition
4	Check all fuses for evidence of heating or weakening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no evidence of overheating
5	Check sytem for alarms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Check all plug connections in the panel to ensure the plugs are fully seated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	plugs are fully seated

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: HVAC Technician

Additional Notes: