

**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. _____ |
| 2. _____                | 4. _____ |

**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,

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**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

### CIRCULATING AND BOOSTER PUMPS

SITE AND BLDG #: **NY113-01**MECHANIC  
SIGNATURE: DATE: **2/10/20**LOCATION/RM #: \_\_\_\_\_ WO# **7314** ASSET # **190917-494** to **190917-498**START TIME: **12:30pm**FINISH TIME: **1pm**

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	It is generally not a good idea to tamper with pumps using mechanical seals if they are otherwise performing properly. Since mechanical seals can cost as much as the pump, it is usually not cost effective to risk damaging the seal by performing an annual internal inspection of the pump.-Report any leaks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Lubricate pump and motor bearings as per manufacturer's specifications. Bearings require lubrication atleast annually.4 shots of grease per PM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	pump has sealed bearings
2	Inspect couplings and check for any pump seal leaks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no leaks
3	Check motor mounts and vibration pads	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	motor mounts are good
4	Tighten all pump flanges.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	flanges are tight
5	Visually check pump alignment and coupling -Report unusual vibration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no unusual vibration
6	Inspect electrical connections	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	electrical connections are good

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

### VAV BOX

SITE AND BLDG #: **NY113-01**MECHANIC  
SIGNATURE: DATE: **2/10/20**LOCATION/RM #: **190917-502 to**  
**WO# 7314 ASSET # 190917-504**START TIME: **8am**FINISH TIME: **10am**

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	If EMS system permits, check that the operating controls activate damper per design specifications.-	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Record CFM AIR FLOW <u>0 - 450</u>
2	If required, check damper linkage for tightness and lightly lubricate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	If required, inspect dampers for free movement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	If required, inspect actuators for tightness to mounting brackets.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	brackets are tight
5	As needed, tighten electrical connections to servo motor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	connections are good
6	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input 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 performed by: HVAC Technician

**Additional Notes:**

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### DDC CONTROLLER

SITE AND BLDG #: NY113-01MECHANIC  
SIGNATURE: DATE: 2/10/20LOCATION/RM #: WO# 7314 ASSET # 190917-506START TIME: 1pmFINISH TIME: 1:15pm

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	Obtain username and password for login. If not available, contact appropriate company manager to obtain access.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Login into system, check for any alarms currently on system. Make necessary repairs to correct alarms back to normal state.	<input type="checkbox"/>	<input checked="" 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"/>	
4	Check all fuses for evidence of heating or weakening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Check sytem for alarms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Check all plug connections in the panel to ensure the plugs are fully seated.	<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: HVAC Technician

**Additional Notes:**

there is a cm request submitted for access to the computer until we receive approval I can not get access to complete the pm