

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: _____

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:


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

1. _____
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

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: _____ Date: _____

Signed:  _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

DDC CONTROLLER

SITE AND BLDG #: NY127-01MECHANIC
SIGNATURE: DATE: 2/11/20LOCATION/RM #: _____ WO# 7318 ASSET # 190917-616START 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 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"/>	unit is in good condition
4	Check all fuses for evidence of heating or weakening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no evidence of heating or weakening
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"/>	all 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: HVAC Technician

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

VAV BOX

SITE AND BLDG #: NY127-01MECHANIC
SIGNATURE: DATE: 2/11/20LOCATION/RM #: _____ WO# 7318 ASSET # 190917-615START TIME: 11:30amFINISH 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 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>200-500</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"/>	actuators are tight
5	As needed, tighten electrical connections to servo motor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	electrical connections are good
6	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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

CIRCULATING AND BOOSTER PUMPS

SITE AND BLDG #: **NY127-01**MECHANIC
SIGNATURE: DATE: **2/19/20**LOCATION/RM #: _____ WO# **7318** ASSET # **190917-636 to 190917--640**START TIME: **9:30am**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.	<input checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	all bearings are sealed
2	Inspect couplings and check for any pump seal leaks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no leaks
3	Check motor mounts and vibration pads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	motor mounts are good
4	Tighten all pump flanges.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all flanges are tight
5	Visually check pump alignment and coupling -Report unusual vibration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pump alignment is good
6	Inspect electrical connections	<input checked="" type="checkbox"/>	<input 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: