

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 3/10/20 - 3/19/20

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 7357-7358FQT, 7436-7437MO, 7495-7498SA, 7653M, 7673PMS
2. 7359-7360FQT, 7464QT, 7499-7500SA
3. FILTERS, LIGHTING, GATES, AIR HANDLERS, CHILLER, MINI SPLIT, VFD,
4. HEATING AND VENT SYSTEM, PTAC, EXHAUST
5.

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 3/19/20

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: 3/19/20

Signed: 

E-Mail:

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**AIR COOLED CHILLER, PACKAGE UNIT**

SITE AND BLDG #: **NY051-01**MECHANIC  
SIGNATURE: DATE: **3/19/20**LOCATION/RM #:                      WO# **7497**                      ASSET # **10037**START TIME: **10am**FINISH TIME: **11am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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	No intentional venting of refrigerants is permitted. During the servicing, maintenance, and repair of refrigeration equipment, the refrigerant must be recovered.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Whenever refrigerant is added or removed from equipment, record the quantities on the appropriate forms. Forms to be maintained by technician in universal waste binder.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Recover, recycle, or reclaim the refrigerant as appropriate.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	If disposal of the equipment item is required, follow regulations concerning removal of refrigerants and disposal of the item.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7	Refrigerant oils to be treated as hazardous waste.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Closely follow all safety procedures described in the Safety Data Sheet (SDS) for the refrigerant and all labels on refrigerant containers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
9	Remove access covers prior to accomplishing check points.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
<b>CONDENSER</b>				
1	Remove debris from air screen and clean underneath unit.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	screen and unit are clean
2	Pressure wash coil with proper cleaning solution.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Straighten fin tubes with fin comb.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fins are straight
4	Check electrical wiring and tighten loose connections. Check fused disconnect switches for condition and operation, contactors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are good
5	Check mounting for tightness.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	mounting is tight
6	Check for corrosion. Clean and treat with inhibitor as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no corrosion
7	Check fan or blower for bent or damaged blades and imbalance.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no damaged or bent blades

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
8	Lubricate shaft and motor bearings on fans and remove old or excess lubricant, if applicable.	✓	✓	used white lithium grease
9	Inspect pulleys, belts, couplings, etc.; adjust tension and tighten mountings as necessary. Change badly worn belts. Multi-belt drives should be replaced with matched sets.	✓	✓	no belts or pulleys
EVAPORATOR				
1	Inspect evaporator for any obvious deficiencies.	✓	✓	no obvious deficiencies
2	Inspect plumbing, valves and flanges for leaks and correct as needed.	✓	✓	no leaks
COMPRESSOR(S)				
1	Lubricate drive coupling, if applicable.	✓	✓	direct drive
2	Lubricate motor bearings (non-hermetic), if applicable.	✓	✓	hermetic compressors
3	Check bearings for vibrations or unusual noises.	✓	✓	no unusual noises
4	Leak test unit with soap test or electronic device.	✓	✓	no leaks found
5	Check compressor oil level., if applicable.	✓	✓	oil level is good
6	Run machine; check action of controls, relays, switches, etc. to see that: a. Compressor(s) run at proper settings. b. Suction and discharge pressures are proper.	✓	✓	
7	Check vibration eliminators. Replace as necessary.	✓	✓	vibration pads are good
8	Document AMP draw on compressors	✓	✓	L1 L2 L3
9	Check safety controls for high pressure cut off.	✓	✓	
CONTROLS				
1	Record chilled water supply and return temps and Humidity .	✓	✓	

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:**