

**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

### PTAC

SITE AND BLDG #: **NY051-01**MECHANIC  
SIGNATURE: DATE: **3/10/20**LOCATION/RM #:                      WO# **7500**                      ASSET # **10077**START TIME: **10:30am**FINISH TIME: **11am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Schedule shutdown with operating personnel, as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	As needed, de-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. Follow lock out/tag out procedures at all times.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Clean the filter with a vacuum or running water. Inspect filter quarterly, replace/clean as needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	filter is clean
2	Remove the front grille and clean it with a dampened cloth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Inspect the control panel door and plug. Repair deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no deficiencies
4	Check the caulking around the PTAC wall sleeve to make sure all air and water openings are properly sealed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	unit is properly sealed
5	Check that condensate drains properly. Remove any debris/blockages.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	drain is clear
6	Clean condenser coils with proper coil cleaner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	coils are clean
7	Place drain pan cleaner tablet in the basepan to inhibit bacteria growth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Check clearance around the HVAC unit to ensure that the intake air and discharge air paths are not blocked or restricted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no blockage or restriction
9	Clean up work area.	<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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**