

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 3/17/20

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 7395-7397FQT, 7603-7606SA, 7650M, 7658Q, 7663S, 7459QT, 7664S
2. FILTERS, AIR HANDLERS, MINI-SPLITS, LIGHTING, GATES, EXHAUST,
3.
4.
5.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 3/17/20

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 KEVIN STEWART Date: 3/17/20

Signed: 

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

DUCTLESS MINI SPLIT

SITE AND BLDG #: NY013-02MECHANIC
SIGNATURE: DATE: 3/17/20LOCATION/RM #: _____ WO# 7664 ASSET # 190917-138
190917-139START TIME: 12pmFINISH TIME: 12:45pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	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	Check fan blades for dust buildup and clean if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fan blades are good
2	Check all electrical connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	electrical connections are good
3	Check that the fan runs properly in all speeds as applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fan functions properly in all speeds
4	Check dampers and rotating auto diffusers for dirt accumulations, clean as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	dampers are clean
5	Check filter door for proper gasketing and air leaks. Correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no air leaks
6	Change or Clean filter as needed. Filters get checked quarterly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	washed the filters
7	Ensure condense pump is working properly and that the drain lines are clear.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	drain lines are clean
8	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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST OUTDOOR CONDENSING UNIT

SITE AND BLDG #: NY013-02MECHANIC
SIGNATURE: DATE: 3/17/20LOCATION/RM #: _____ WO# 7664 ASSET # 190917-140START TIME: 12:45pmFINISH TIME: 1:30pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Schedule outage of unit with personnel in area the unit serves.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	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"/>	
3	If disposal of the equipment is required, follow regulations concerning removal of refrigerants and disposal of the unit.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove debris from air screen and clean underneath unit.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all debris was removed
2	Wash coil with coil cleaning solution - Rinse Thoroughly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Straighten fin tubes with fin comb, as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fins are straight
4	Check electrical connections for tightness.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	electrical connections are tight
5	Check mounting base for tightness.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	mounting base is solid
6	Inspect fans for bent blades, unbalance, excessive noise and vibrations.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no excessive noise or vibration
7	Inspect all piping for leaks and tighten loose connections.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no leaks
8	Check wires at condenser electrical fused safety switches for tightness and burned insulation. Repair as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	wiring is good
9	Check supply air temperature to ensure unit is operating properly. If possible record room temperature.and Humidity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Room temp <u>72</u> Room Humidity <u>38</u> %
10	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
11	Clean up work area.	<input checked="" type="checkbox"/>	<input checked="" 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: HVAC Technician

Additional Notes: