

**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. \_\_\_\_\_

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**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: John S. Grund

E-Mail: \_\_\_\_\_

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### CIRCULATING AND BOOSTER PUMPS

SITE AND BLDG #: **NY070**MECHANIC  
SIGNATURE: DATE: **5/29/19**LOCATION/RM #:                      WO# **8782**    ASSET # **3361/3362**START TIME: **3pm**FINISH TIME: **3:15**

| CHECK POINT                                | CHECKPOINT DESCRIPTION  | TASK COMPLETE                       |                                     | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|---|-------------------------------------|-------------------------------------|---|
|  |   | YES                                 | NO                                  |   |
| SPECIAL INSTRUCTIONS                       |   |                                     |                                     |   |
| 1  | In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.  | <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  | 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. | <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.  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | used Lucas heavy duty Grease  |
| 2  | Inspect couplings and check for any pump seal leaks.  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no pump seal leaks  |
| 3  | Check motor mounts and vibration pads   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | motor mounts and vibration pads are good                                |
| 4  | Tighten all pump flanges.   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | flanges are all tight   |
| 5  | Visually check pump alignment and coupling  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | pump alignment looks good   |
| 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:**