

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 7/15/20

Contractor Personnel on Site:

1. <u>Patrick Brown</u>	3. _____
2. _____	4. _____

Work Performed:

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

1. WO'S 8823-8845AN,9157MO, 9206-9211SA, 9281PMA,9293PMM,9301PMQ
2. 8846-8851AN, 9212-9213SA,9282PMA, 9302PMQ, 9214-9215SA, 9303PMQ
3. PLUMBING FIXTURES, LIGHTING, GATES, OVERHEAD DOORS, KEY
4. CARD SCANNER, DRINKING FOUNTAINS
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/15/20

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:

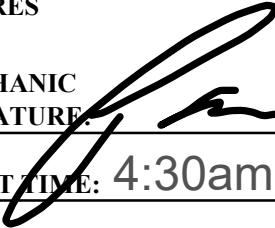
Print Name/Rank: MR Zaleski Date: 7/15/20

Signed: 

E-Mail: _____

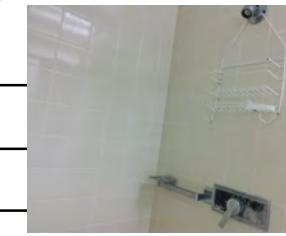
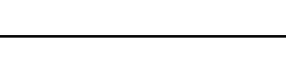
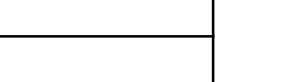
PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
PLUMBING FIXTURES

SITE AND BLDG #: NY067-01

MECHANIC
SIGNATURE: 

DATE: 7/15/20

LOCATION/RM #: WO# 8823-8845 ASSET #190917-440 TO 10582 TO 10607
 9281 190917-445 START TIME: 4:30am FINISH TIME: 6am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (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 BE PERFORMED AT EACH INSPECT				
1	SINKS - Operate faucets, inspect for leaks, replace washers/"O" rings as necessary. Observe drain flow, clean trap if obstructed. Replace filter as needed.	✓		  
2	SHOWER HEADS, MIXING VALVES - Check shower for damaged, missing, or leaking heads; replace as required. Check mixing valves for damaged or missing parts; replace washers as needed.	✓		  
3	SHOWER STALLS - Check for leaks, cracks, significant wear or vandalism.	✓		
4	TOILETS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps, seat supports, and replace.	✓		  
5	URINALS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps and replace.	✓		
6	OTHER MISCELLANEOUS FIXTURES - Clean and inspect for any damage. Check for leaks, missing or damaged parts, caps, etc. Replace as needed.	✓		

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:

asset 10601 urinal flush valves parts are ordered and will be replaced when they come in
 asset 10604 janitors sink faucet needs to be replaced asset 10606 women's shower stalls
 need new Plumbing and faucets replaced asset 190917-444 toilet on the left needs to
 be replaced assets 10607 #'s one and two, faucets need to be replaced I'm requesting a CM
 ticket to be opened for each asset