

**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:

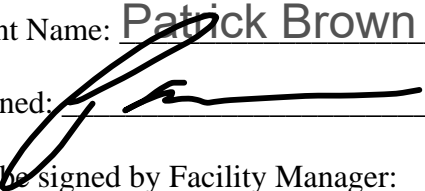
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

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:

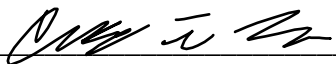
Print Name: Patrick Brown Date: 7/15/20

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




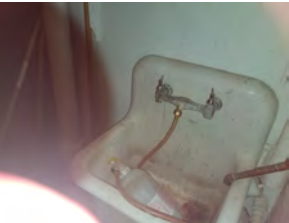

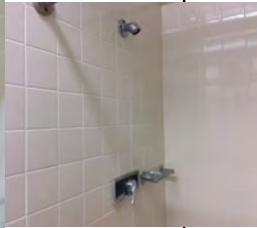
MECHANIC
SIGNATURE: 

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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	  	
TO BE PERFORMED AT EACH INSPECTION					
1	SINKS - Operate faucets, inspect for leaks, replace washers/"O" rings as necessary. Observe drain flow, clean trap if obstructed. Replace filter as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
3	SHOWER STALLS - Check for leaks, cracks, significant wear or vandalism.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4	TOILETS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps, seat supports, and replace.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
5	URINALS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps and replace.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	  	
6	OTHER MISCELLANEOUS FIXTURES - Clean and inspect for any damage. Check for leaks, missing or damaged parts, caps, etc. Replace as needed.	<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: 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 1 9 0 9 1 7 - 4 4 4 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