

## 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. _____            | _____ |
| <b>KITCHEN HOOD</b> |       |
| 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:

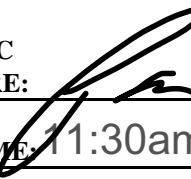
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**KITCHEN HOOD**

ACTIVITY AND BLDG #: **NY0126-01**MECHANIC  
SIGNATURE: DATE: **6/11/19**LOCATION/RM #: **WO# 9142 ASSET # 3707**START TIME: **11:30am**FINISH TIME: **11:45am**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION   | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|---------------|----|---|
|   |  | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |  |               |    |   |
| 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.              | ✓             | /  |   |
| 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.                                | /             | ✓  |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |  |               |    |   |
| 1   | Clean all accessible surfaces thoroughly.  | /             | ✓  |   |
| 2   | Check all louvers and dampers. If dampers must be moved to ensure complete cleaning, ensure they will be marked and returned to their original position to prevent unbalancing the system. | ✓             | /  |   |
| 3   | Clean and/or replace filters, if applicable.   | /             | ✓  | filters are clean   |
| 4   | Ensure unit is operating properly, not any deficiencies.   | ✓             | /  | unit is operating correctly no deficiencies                             |

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:**