

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 8/4/20

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 8961-8969AN, 9233-9236SA, 9275PMA, 9289PMM, 8970-8975AN,
2. 9237-9238SA, 9276PMA
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

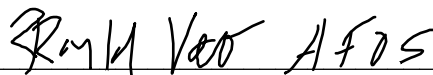
Print Name: Patrick Brown Date: 8/4/20

Signed: 

To be signed by Facility Manager:

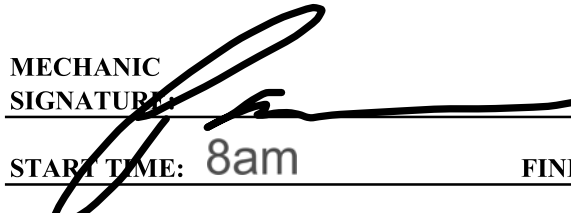
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: RON Vogt AFOS Date: 8/4/20

Signed:  AFOS

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST PLUMBING FIXTURES

SITE AND BLDG #: NY013-01 8961-8965 9231-9235 9236 TO 9239
 LOCATION/RM #: WO# 8966-8969 ASSET # 190917-120 to 190917-122
 MECHANIC SIGNATURE:  DATE: 8/4/20
 START TIME: 8am FINISH TIME: 8:45am

| 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 type="checkbox"/> | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 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 type="checkbox"/> | sinks function properly |
| 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 type="checkbox"/> | shower heads and valves are good |
| 3 | SHOWER STALLS - Check for leaks, cracks, significant wear or vandalism. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | shower stalls are in good condition |
| 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 type="checkbox"/> | toilets function properly |
| 5 | URINALS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps and replace. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | urinals function properly |
| 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 type="checkbox"/> | no leaks or damage or missing parts |

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

DRINKING FOUNTAIN

SITE AND BLDG #: **NY013-01**MECHANIC
SIGNATURE: DATE: **8/4/20**LOCATION/RM #: **WO# 9275** ASSET # **190917-123**START TIME: **10am**FINISH TIME: **10:15am**

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|---|-------------------------------------|-------------------------------------|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 1 | 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 type="checkbox"/> | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Clean compressor compartment including coils, fan, compressor and other components. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | coils are clean |
| 2 | If applicable, replace filter as required. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | filter has been replaced |
| 3 | Clean evaporator drain pan and drain piping as needed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Check for water leaks in supply and drain lines. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no water leaks found |
| 5 | Check electrical wiring for fraying and loose connections. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no fraying or loose connections |
| 6 | Lubricate fan bearing motors, as needed. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no lubricant required |
| 7 | Check operation of unit for unusual noise, vibration, short cycling, and water temperature. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no unusual noises or vibration |
| 8 | Check mouthpiece water pressure; adjust as required. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | water pressure is correct |
| 9 | Clean unit, removing any dust, dirt, calcium buildup, etc. | <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: