

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

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

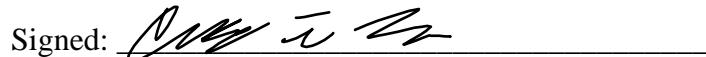
Print Name: Patrick Brown Date: 7/15/20

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:

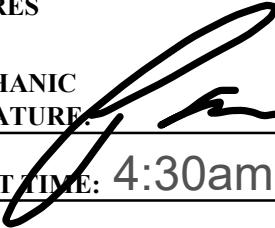
Print Name/Rank: MR Zaleski Date: 7/15/20

Signed: 

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

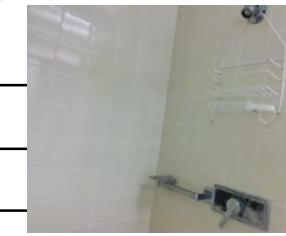
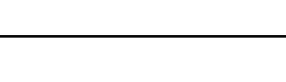
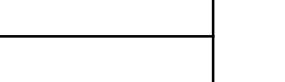
**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**PLUMBING FIXTURES**

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DRINKING FOUNTAIN**

SITE AND BLDG #: **NY067-01**MECHANIC  
SIGNATURE: DATE: **7/15/20**

LOCATION/RM #:

**WO# 9281**ASSET # **190917-438**  
**190917-439**START TIME: **7am**FINISH TIME: **7:30am**

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

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 # 190917-438 drinking fountain with bottle filler  
needs filters replaced on both units the amount is  
going to exceed 250 I'm requesting a CM ticket be  
opened**

