

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 7/21/20

Contractor Personnel on Site:

1. <u>PATRICK BROWN</u>	3. _____
2. _____	4. _____

Work Performed:

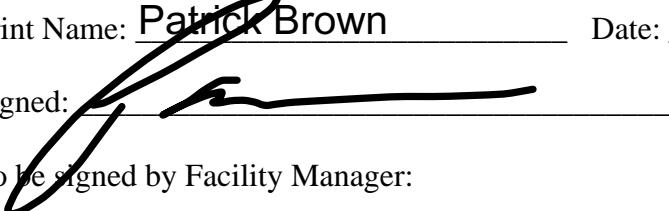
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S 9286PMA, 9307PMQ, 9315PMS, 9287PMA, 9288PMA, 9296PMM, 9308PMS,
2. 9309PMQ, 9317PMS
3. PLUMBING FIXTURES, INTERIOR LIGHTING, OVERHEAD DOORS, CRANE,
4. DEHUMIDIFIER, DRINKING FOUNTAIN, OUTSIDE LIGHTING
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/21/20

Signed: 

To be signed by Facility Manager:

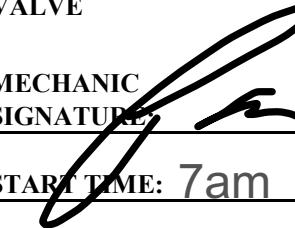
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: LARS LUFFMAN Date: 7/21/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ISOLATION VALVE

SITE AND BLDG #: **NY127-01**MECHANIC
SIGNATURE: DATE: **7/21/20**

LOCATION/RM #:

WO# 9286**ASSET # 190917-630**START TIME: **7am**FINISH TIME: **7:30am**

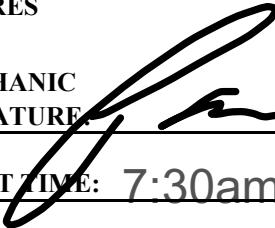
CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect valve for damage and/or leaks.	/	/	no damage or leaks
2	Exercise valve (at least 2 times per year) to ensure proper function. If valve does not function properly and/or leaks, open CM ticket for repair. Note the location of the valve.	/	/	

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
PLUMBING FIXTURES

SITE AND BLDG #: **NY127-01**MECHANIC
SIGNATURE: DATE: **7/21/20**

LOCATION/RM #: **WO# 9286** **ASSET # SEE BELOW** **START TIME: 7:30am** **FINISH TIME: 8:30am**

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 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.	✓		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.	✓		mixing valves function properly
3	SHOWER STALLS - Check for leaks, cracks, significant wear or vandalism.	✓		showers are good
4	TOILETS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps, seat supports, and replace.	✓		toilets function properly
5	URINALS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps and replace.	✓		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.	✓		no leaks or missing parts

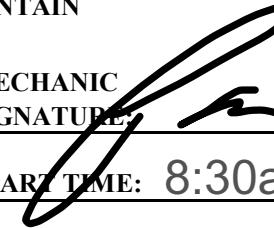
Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

**WO'S 190917-647, 190917-650, 190917-658, 190917-662- TO 190917-672,
 190917-674 TO 190917-676**

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DRINKING FOUNTAIN

SITE AND BLDG #: **NY127-01**MECHANIC
SIGNATURE: DATE: **7/21/20**

LOCATION/RM #: **WO# 9286** **ASSET # 190917-662** **190917-673** **START TIME: 8:30am** **FINISH TIME: 9am**

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.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Clean compressor compartment including coils, fan, compressor and other components.	✓		compressor compartments are clean
2	If applicable, replace filter as required.	✓		no filter
3	Clean evaporator drain pan and drain piping as needed.	✓		no leaks
4	Check for water leaks in supply and drain lines.	✓		no loose connections
5	Check electrical wiring for fraying and loose connections.	✓		wiring is good
6	Lubricate fan bearing motors, as needed.	✓		units functions properly
7	Check operation of unit for unusual noise, vibration, short cycling, and water temperature.	✓		water pressure is correct
8	Check mouthpiece water pressure; adjust as required.	✓		unit's are clean
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: