

**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. _____	9168AN, 9169AN, 9482SA
2. _____	
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**  
**OIL WATER SEPARATOR**

SITE AND BLDG #: **NY070-02**MECHANIC  
SIGNATURE: DATE: **6/10/19**LOCATION/RM #: **WO# 9299**      **ASSET # 7480**START TIME: **12:45pm**FINISH TIME: **1pm**

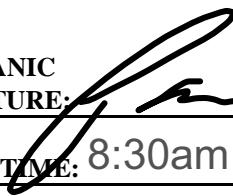
CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) 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	OIL LAYER - If possible, measure the surface oil layer in the oil water separator and record depth.	✓	/	oil separator is clean
2	SOLID ACCUMULATION - If possible, measure the solid accumulation in the bottom of the oil water separator and record.	✓	/	
3	Recommend whether oil water separator needs to be cleaned.	/	/	

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**  
**VEHICLE EXHAUST REMOVAL**

SITE AND BLDG #: **NY070-02**MECHANIC  
SIGNATURE: DATE: **6/11/19**LOCATION/RM #: **WO# 9299 ASSET # 8078**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	
<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	Start and stop fan with local switch	✓	/	switch operates correctly
2	Check motor and fan shaft bearings for noise, vibraton, overheating; lubricate bearings.	✓	/	no unusual noise or vibration
3	Inspect, adjust belts and pulleys. Replace belt as needed.	/	✓	direct drive
4	Clean dampers; lubricate pivot points (annually) and inspect linkages for tightness.	✓	/	
5	Inspect fan for bent blades, unbalance, excessive noise and vibration.	/	✓	no bent blades or excessive noise
6	Clean fan as needed.	✓	/	
7	Visually inspect exaust system tubing and/or duct work for any damage that could result in leaks.	✓	/	no signs of damage or leaks
8	Repair 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 discription of the deficiency.

To be perfomed by: General Maintenance Worker

**Additional Notes:**