

**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. <u></u> |
| 2. <u></u> | 4. <u></u> |

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

MANUAL/AUTOMATIC OVERHEAD DOORS

SITE AND BLDG #: NY127-01MECHANIC
SIGNATURE DATE: 7/21/20LOCATION/RM #: _____ WO# 9315 ASSET # 190917-602
190917-644START TIME: 9:30amFINISH 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 checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with door operating personnel for any known deficiencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Inspect general arrangement of door and mechanism, mountings, standards, wind locks, anchor bolts, counterbalances, weather stripping, door sweeps etc. Clean, tighten, and adjust repair as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	If applicable, operate with power from start to stop and at intermediate positions. Observe performance of various components, such as brake, limit switches, door operating speed, motor, gear box, etc. Clean and adjust as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Check operation of safety edges, stops, electric eye, treadle, or other operating devices. Clean and make required adjustments or repairs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Check manual operation. Note brake release, motor disengagement, functioning or hand pulls, chains sprockets, clutch, etc.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	If applicable, examine all wiring, motor, starter, push button, etc., blow out or vacuum if needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7	If applicable, inspect gear box, change or add oil as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Perform required lubrication. Remove old or excess lubricant.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
9	Clean unit and mechanism thoroughly.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
10	Clean up and remove all debris.	<input checked="" type="checkbox"/>	<input checked="" 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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: Asset# 190917-602, the bottom edge does not function properly and should have photo eyes installed I'm requesting a cm ticket to be opened for this



PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DEHUMIDIFIER

SITE AND BLDG #: NY127-01





MECHANIC
SIGNATURE: 

DATE: 7/21/20

LOCATION/RM #: _____ WO# 9315 ASSET # 190917-621

START TIME: 10:15am

FINISH TIME: 10:45am

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	Check water inlet and outlet for any leaks, repair as needed.			no leaks
2	Clean and/or replace filter as needed. -Record space humidity			Space Humidity <u>59.2</u> %
3	If applicable, check hours per usage, replace tanks's as needed.			no hour meter

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: