

**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. _____
2. _____
3. _____
4. _____
5. _____

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 **UNIT HEATER, HOT WATER**

MECHANIC
SIGNATURE: 

DATE: 6/12/19

SITE AND BLDG #: NY032-01

Assembly Hall

LOCATION/RM #: WO# 9400 ASSET # 4088
4618

START TIME: 9:45am

FINISH TIME: 11am

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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Schedule shutdown with operating personnel.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	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 valve for full stroke operation in both directions, if applicable.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	valve functions properly
2	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no signs of abnormal wear or leaks
3	Clean the coil with vacuum cleaner.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	used Milwaukee blower
4	Comb the fins as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	All Fins are straight
5	Clean all fans and motors.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all fans and motors are clean
6	Check operation of controls and safeties.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	controls function properly
7	Lubricate as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Check all motors, belts, pulleys, shafts, etc. for alignment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	direct Drive alignment good

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: