

**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: Ms. Lorna A.

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **UNIT HEATER, HOT WATER**

SITE AND BLDG #: **NY052-01**MECHANIC
SIGNATURE DATE: **6/12/19**LOCATION/RM #: _____ WO# **9424** ASSET # **see below**START TIME: **12:15pm**FINISH TIME: **12:45pm**

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"/>	valves function correctly
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"/>	coils are clean
4	Comb the fins as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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"/>	all function correctly
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"/>	Motors and shafts are good no belts

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: **asset#s; 4166 , 4168 , 4216 , 4512 , 4567 ,**

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FAN COIL UNIT/ DUCTLESS MINI SPLIT

 MECHANIC
SIGNATURE

DATE: 6/12/19

START TIME: 1:30pm

FINISH TIME: 1:45pm

SITE AND BLDG #:

LOCATION/RM #:

WO# 9424

ASSET # 4547

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 type="checkbox"/>	
2	Schedule shutdown with operating personnel, as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	As needed, de-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. Follow lock out/tag out procedures at all times.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check fan blades for dust buildup and clean if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	When applicable, check fan blades and moving parts for cracks and excessive wear.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no cracks or excessive wear observed
3	Tighten all electrical connectors to proper torque asneeded.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all electrical connections are tight
4	Check that the fan runs properly in all speeds as applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fan runs properly
5	Check dampers and rotating auto diffusers for dirt accumulations, clean as necessary. Check felt, repair or replace as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are good
6	Check damper actuators and linkage for proper operation as applicable. Adjust linkage on dampers if out of alignment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are good
7	Lubricate mechanical connections of dampers sparingly as applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Check the valve(s) for signs of leakage and proper operation. If leak is detected, submit a UE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no signs of leaks
9	Clean coils by brushing, blowing, vacuuming, or pressure washing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	Check coils for leaking, tightness of fittings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no leaks fittings are tight
11	Use fin comb to straighten coil fins as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	finns are straight
12	Check belts for wear and cracks, adjust tension or alignment as applicable. Replace belts when necessary.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no belts
13	Check rigid couplings for alignment on direct drives, and for tightness of assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	direct drive is tight
14	Vacuum interior of unit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		YES	NO	
15	Check filter door for proper gasketing and air leaks. Correct as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	gaskets are good
16	Change the filter as needed with the correct size and type filter.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	filter was cleaned
17	Insure that drain(s) are clear and running.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	drains are clear
18	Clean up work area.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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To be performed by: General Maintenance Worker

Additional Notes: