

**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, INFRA-RED, RADIANT, GAS**

SITE AND BLDG #: **NY052-02**MECHANIC
SIGNATURE: DATE: **6/12/19**LOCATION/RM #: **WO# 9449 ASSET # 4261**
4313START TIME: **3pm**FINISH TIME: **3:30pm**

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	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	For gas/oil heaters: 1. Remove access panels if applicable. 2. Check the fire box liner or refractory for cracks and leaks. 3. Check all gas lines for leaks. Repair as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no leaks
2	Clean dirt from heater, vaccuming is preferred.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Check operation of gas valve.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	gas valve functions correctly
4	Check for gas leaks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no gas leaks
5	Check operation of thermostat.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	thermostat functions correctly
6	If applicable, replace primary air intake filter.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no primary intake filter
7	As needed, clean spark electrode and reset gap, replace if necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	electrode is good
8	Inspect flue pipe and connections.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	flue pipe and connections are good
9	If applicable, inspect and clean outside air blower and blower intake.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no outside air blower
10	Inspect unit for proper operation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	unit operates correctly
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<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 discription of the deficiency.

To be performed by: HVAC Technician

Additional Notes: