

**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

SITE AND BLDG #: **NY065-01**MECHANIC
SIGNATURE:DATE: **6-19-19**LOCATION/RM #: WO# **9459** ASSET # **4350**START TIME: **7Am**FINISH TIME: **12**

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.	X		
2	Schedule shutdown with operating personnel.	X		
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.	X		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check valve for full stroke operation in both directions, if applicable.	X		
2	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	X		
3	Clean the coil with vacuum cleaner.	X		
4	Comb the fins as needed.	X		
5	Clean all fans and motors.	X		
6	Check operation of controls and safeties.	X		
7	Lubricate as required.	X		
8	Check all motors, belts, pulleys, shafts, etc. for alignment.	X		

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

UNIT HEATER, INFRA-RED, RADIANT, GAS

SITE AND BLDG #: **NY065-01**MECHANIC
SIGNATURE: DATE: **6-19-19**LOCATION/RM #: **WO# 9459 ASSET # 4628**START TIME: **7AM**FINISH TIME: **12**

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.	X		
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.	X		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	For gsa/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.	X		
2	Clean dirt from heater, vaccuming is preferred.	X		
3	Check operation of gas valve.	X		
4	Check for gas leaks.	X		
5	Check operation of thermostat.	X		
6	If applicable, replace primary air intake filter.	X		
7	As needed, clean spark electrode and reset gap, replace if necessary.	X		
8	Inspect flue pipe and connections.	X		
9	If applicable, inspect and clean outside air blower and blower intake.	X		
10	Inspect unit for proper operation.	X		
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	X		

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: HVAC Technician

Additional Notes: