

**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. _____ | 9168AN, 9169AN, 9482SA |
| 2. _____ |                        |
| 3. _____ |                        |
| 4. _____ |                        |
| 5. _____ |                        |

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

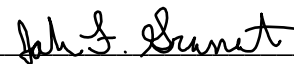
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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 #: **NY070-02**MECHANIC  
SIGNATURE DATE: **6/10/19**LOCATION/RM #: \_\_\_\_\_ WO# **9461** ASSET # **SEE BELOW**START TIME: **1pm**FINISH TIME: **1:30pm**

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	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 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 are clean
6	Check operation of controls and safeties.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all 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 alignments 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:****ASSET #4364,4374,4376,4377,4378,4387,4388,4389,4528,4592**

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### UNIT HEATER, ELECTRIC

SITE AND BLDG #: **NY070-02**MECHANIC  
SIGNATURE: DATE: **6/10/19**LOCATION/RM #: **WO# 9461 ASSET # 4553**START TIME: **1:30pm**FINISH TIME: **1:45pm**

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.	✓		
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.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check heater coils and assoicated piping for leaks or corrosion.	✓		no corrosion or leaks
2	Clean heating coil. Brush vaccum where accessible.	✓		heating coil is clean
3	Inspect wiring and electrical controls for loose connections, charred, frayed or broken insulation, evidence of short circuiting, wrong size fuses, circuit breakers, or switches, and other electrical deficiencies. Tighten any loose connections.	✓		all are good
4	Inspect fan for bent blades, unbalance, excessive noise and vibration.	✓		fan blades are good
5	Check motor and fan shaft bearings for noise, vibraton, overheating; lubricate bearings.	✓		no unusual noise or vibration
6	Verify proper control by modulating the thermostat through complete cycle.	✓		thermostat functions properly
7	Inspect unit for proper operation.	✓		unit operates correctly
8	Inspect unit for overall condition and recommend for replacement or other needed repairs.	✓		

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:**