

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY039 Date of Visit: 8/14/20

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO's 9387-9388MO,9578-9581QT,9646SA,9654-9655PMA,9674-9675PMC  
9686PMM, 9699PMQ,9711-9712PMS,9582-9583QT,9656PMA,9584-9585QT
2. LIGHTING, GATES, CIRCLATING PUMP,EMERGENCY LIGHTING, BOILERS,  
EXP TANKS, HEATERS, KEYPAD, AIR COMPRESSOR
3. \_\_\_\_\_
4. \_\_\_\_\_

-----  
5. \_\_\_\_\_  
**CERTIFICATION OF WORK**

To be signed by the Contractor:

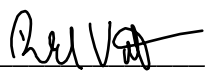
Print Name: Patrick Brown Date: 8/14/20

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: RON Vogt AFOS Date: 8/14/20

Signed: 

E-Mail: \_\_\_\_\_

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: NY039-01

MECHANIC  
SIGNATURE: 

DATE: 8/14/20

LOCATION/RM #: WO# 9579 ASSET # 9929  
9699 190917-263

START TIME: 10am

FINISH TIME: 10:30am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	✓		
2	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.	✓		
3	Do not allow any open flames around equipment.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Attach drain hose. Drain several gallons from tank to remove sediment.	✓		
2	Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge.	✓		
3	Check all connections - electric, gas and water. Tighten as necessary.	✓		
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses.	✓		
5	Clean water heater exterior.	✓		
6	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.	✓		
7	Soap test for gas leaks, if leaks are found notify facility manager and AFOS immediately.	✓		
8	Clean up work area and remove trash.	✓		

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: General Maintenance Worker

**Additional Notes:** there has been a CM request in for asset 9929 to be replaced

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### TANKS, WATER STORAGE

 MECHANIC  
SIGNATURE: 

DATE: 8/14/20

SITE AND BLDG #: NY039-01

 LOCATION/RM #: \_\_\_\_\_ WO# 9699 ASSET # 190917-250  
190917-251

START TIME: 11:15am

FINISH TIME: 12pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	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 type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Examine exterior of tank including fittings, manholes, and handholes for leaks, signs of corrosion, and correct as indicated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no signs of leaks or corrosion
2	Inspect structural supports and repair or replace damaged insulation or covering. If insulation contains asbestos and is damaged or eroded, it is considered a hazardous waste.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no structural or insulation damage
3	Clean, test and inspect sight glasses, valves, fittings, drains, and controls.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are good
4	Clean up work site.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

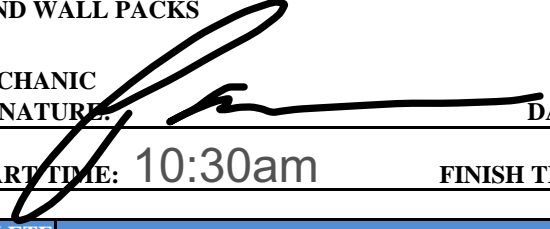
Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**EMERGENCY EXIT SIGNS AND WALL PACKS**

ACTIVITY AND BLDG #: NY039-01  
 LOCATION/RM #: 9580  
 WO# 9581  
 ASSET # 9934  
 9699 190917-268

MECHANIC SIGNATURE:  DATE: 8/14/20  
 START TIME: 10:30am FINISH TIME: 11:15am

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"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect for structural defects, note needed repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no structural defects
2	Push test buttons and observe light operation. Note any units that do not operate properly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Clean exterior with dry cloth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	units are clean
4	For Exit lights check for proper arrow direction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Arrow directions are proper
5	Make and/or recommend any needed repairs.	<input checked="" type="checkbox"/>	<input 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: General Maintenance Worker

**Additional Notes:**