

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 8/28/20

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 9353FQ,9370MO,9459-9465QT,9604-9605SA,9688PMM,9702PMQ,
2. 9717-9718PMS,9466-9468QT,9703PMQ,9719PMS,9469-9470QT
3. FILTERS, BOILERS, OUTSIDE LIGHTING,CIRCULATING PUMPS, KITCHEN EQUIPMENT,
4. EMERGENCY WALL PACKS AND EXIT SIGNS, ISOLATION VALVES, GLYGOL FEEDER,
5. EXPANSION TANKSWATER HEATERS, BLDG AUTOMATION SYSTEM,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/28/20

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: AMMIE Mearero Date: 8/28/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: **NY067-01**MECHANIC
SIGNATURE DATE: **8/28/20**

9464 10613

LOCATION/RM #: WO# **9465** ASSET # **10614**START TIME: **9am**FINISH TIME: **9:30am**

9702 190917-449

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect for structural defects, note needed repairs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no need a repairs
2	Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all units operate properly
3	Clean exterior with dry cloth.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	units are clean
4	For Exit lights check for proper arrow direction.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Arrow directions are proper
5	Make and/or recommend any needed repairs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no repairs needed

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 perfomed by: General Maintenance Worker

Additional Notes:

I replaced two wall pack batteries and one emergency exit sign battery

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

ISOLATION VALVE

SITE AND BLDG #: **NY067-01**MECHANIC
SIGNATURE: DATE: **8/28/20**LOCATION/RM #: WO# **9702** ASSET # **191917-430**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	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect valve for damage and/or leaks.	✓	✓	no damage or leaks
2	Exercise valve (at least 2 times per year) to ensure proper function. If valve does not function properly and/or leaks, open CM ticket for repair. Note the location of the valve.	✓		

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
CHEMICAL BYPASS/POT FEEDER

SITE AND BLDG #: NY067-01

**MECHANIC
SIGNATURE:** 

DATE: 8/28/20

LOCATION/RM #: WO# 9702 ASSET # 190917-431

START TIME: 11am

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	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	Check physical condition of feeder. Clean and/or repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	feeder is in good condition
2	Check valves for proper operation. Ensure no leaks are present and repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	valves function properly

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

EXPANSION TANKS

SITE AND BLDG #: **NY067-01**MECHANIC
SIGNATURE: DATE: **8/28/20**LOCATION/RM #: **WO# 9702** ASSET # **191917-432**
190917-433START TIME: **11:15am**FINISH TIME: **11:45am**

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 and valves for leaks, signs of corrosion, and correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no signs of leaks or corrosion
2	If applicable, Check sight glass, insure level is between 1/2 and 3/4 sight glass. Correct as needed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no sight glasses
3	If applicable, check tank pressure via schrader valve. Correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	tank pressure is correct

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

DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: NY067-01MECHANIC
SIGNATURE: DATE: 8/28/20LOCATION/RM #: _____ WO# 9702 ASSET # 190917-446START TIME: 11:45amFINISH TIME: 12:30pm

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 checked="" type="checkbox"/>	
2	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Do not allow any open flames around equipment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	drained water for several minutes
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	safety valves function properly
3	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are good
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Aquastat setting is correct
5	Clean water heater exterior.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	pump controls are good
7	Soap test for gas leaks, if leaks are found notify facility manager and AFOS immediately.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no gas leaks
8	Clean up work area and remove trash.	<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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: