

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 8/21/20

Contractor Personnel on Site:

- |                         |            |
|-------------------------|------------|
| 1. <u>PATRICK BROWN</u> | 3. <u></u> |
| 2. <u></u>              | 4. <u></u> |

**Work Performed:**

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

1. WO'S 9663-9665PMA, 9709PMQ, 9725-9726PMS, 9666-9667PMA, 9691PMM
2. 9708PMQ, 9727 PMS
3. BOILERS, BYPASS FEEDER, EXPANSION TANKS, GLYCOL MAKE UP UNITS, HEATERS,
4. KITCHEN EQUIP, EXIT SIGNS, VAV, DDC CIRCULATING PUMPS, KEY PAD, AIR COMPRESSOR
5. LIGHTING

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/21/20

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: Mike Mosseman AFOS Date: 8/21/20

Signed: 

E-Mail:

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST CHEMICAL BYPASS/POT FEEDER

**MECHANIC  
SIGNATURE**

**DATE:** 8/21/20

~~START TIME: 8:30am~~

**FINISH TIME:** 8:45am

**SITE AND BLDG #:** NY127-01

LOCATION/RM #:	WO# 9707	ASSET # 190917-603
		190917-626
		190917-627

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 #: NY127-01

MECHANIC  
SIGNATURE: 

DATE: 8/21/20

 LOCATION/RM #: \_\_\_\_\_ WO# 9707 ASSET # ~~tt00~~ 191907-622  
 190917-625

START TIME: 8:45am

FINISH TIME: 9am

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.	✓		
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.	✓		
2	If applicable, Check sight glass, insure level is between 1/2 and 3/4 sight glass. Correct as needed.		✓	
3	If applicable, check tank pressure via schrader valve. Correct as needed.	✓		

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To be performed by: General Maintenance Worker

**Additional Notes:**

asset number 622 is bad and needs to be replaced I'm requesting a CM ticket to be opened for this



## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: NY127-01

MECHANIC  
SIGNATURE: 

DATE: 8/21/20

 LOCATION/RM #: \_\_\_\_\_ WO# 9707 ASSET # 190917-642  
 190917-651  
 190917-652

START TIME: 9am

FINISH TIME: 9:45am

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 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 valve function properly
3	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are tight
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 settings are 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"/>	all 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 found
8	Clean up work area and remove trash.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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To be performed by: General Maintenance Worker

**Additional Notes:**

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### ICE MAKER

SITE AND BLDG #: NY127-01MECHANIC  
SIGNATURE: DATE: 8/21/20LOCATION/RM #: \_\_\_\_\_ WO# 9707 ASSET # 190917-645START TIME: 9:45amFINISH TIME: 11am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	De-energize, lock out, and tag electrical circuits.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Only approved cleaning chemicals shall be used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no deficiencies noted
2	Visually check for refrigerant, oil and water leaks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no oil or water leaks
3	Inspect ice condition/size.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ice is good
4	Clean air filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	air filter is clean
5	As needed, drain and clean unit with proper ice machine cleaning solution. Drain and cleen at a mininum of annually.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	unit was cleaned with solution
6	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no water filter
7	Check and tighten any loose screw-type electrical connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	electrical connections are tight
8	Check all controls; adjust if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	controls are good
9	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	connection and dispensing valve are good
10	Check and clear ice machine draining system (drain vent, strainer, trap).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	drain system is clear
11	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are good
12	Clean motor, compressor, and condenser coil.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	compressor and condenser coil are

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:**

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### REACH-IN REFRIGERATORS/ FREEZERS

MECHANIC

SIGNATURE: 

DATE: 8/21/20

SITE AND BLDG #: NY127-01

LOCATION/RM #:

WO# 9707

ASSET # 190917-659

START TIME: 10:00am

FINISH TIME: 10:30am

190917-660

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	De-energize, lock out, and tag electrical circuits.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no deficiencies noted
2	Verify indicator light on; check compartment temperature.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	compartment temperature is correct
3	Examine evaporator for proper clearances/slope and air flow.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	evaporator is correct
4	Examine handles, hinges and tightness of door closure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are good
5	Examine safety door release and fan shut down safety switch.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	safety switch function properly
6	Inspect lighting for burnt out lamps. Replace if required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no burnt-out lamps
7	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	evaporator coil is clean
8	Clean condenser coil and condensing unit section.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	condenser coil is clean
9	Clean and inspect defrost evaporation trays/pans.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	evaporator trays are good
10	Check operation of thermostats; calibrated as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	thermostats are correct
11	Check coil superheat and adjust to manufacturers recommendations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	superheat is correct
12	Inspect and service all electric motors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13	Check box floor for water or ice accumulation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no water or ice accumulation
14	Clean up area and note any deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no deficiencies noted

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 #:** NY127-01

**MECHANIC  
SIGNATURE:** 

**DATE:** 8/21/20

**LOCATION/RM #:** **WO#** 9707 **ASSET #** 190917-686

**START TIME:** 10:30am

**FINISH TIME:** 11am

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 structural defects
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"/>	lights function properly
3	Clean exterior with dry cloth.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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:**