

**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 CIRCULATING AND BOOSTER PUMPS

SITE AND BLDG #: NY067-01

MECHANIC
SIGNATURE: 

DATE: 8/28/20

 LOCATION/RM #: 9459,9460 10559, 10560
 WO# 9604,9605 ASSET # 10608, 10609
 9717 190917-447

START TIME: 7:45am

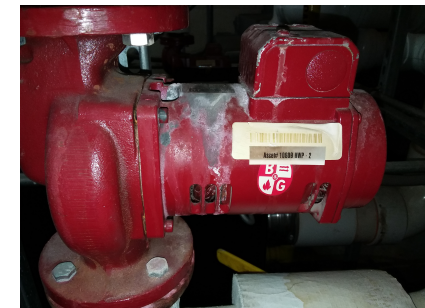
FINISH TIME: 8:30am

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	It is generally not a good idea to tamper with pumps using mechanical seals if they are otherwise performing properly. Since mechanical seals can cost as much as the pump, it is usually not cost effective to risk damaging the seal by performing an annual internal inspection of the pump.-Report any leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Lubricate pump and motor bearings as per manufacturer's specifications. Bearings require lubrication atleast annually.4 shots of grease per PM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Inspect couplings and check for any pump seal leaks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Check motor mounts and vibration pads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Tighten all pump flanges.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Visually check pump alignment and coupling -Report unusual vibration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Inspect electrical connections	<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: asset# 10609 how 2 is overheating due to the bearings needing to be replaced I'm requesting a cm ticket to be opened



PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

DDC CONTROLLER

SITE AND BLDG #: NY067-01MECHANIC
SIGNATURE: DATE: 8/28/20LOCATION/RM #: _____ WO# 9717 ASSET # 190917-434START TIME: 12:30pmFINISH TIME: 12:45pm

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"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Obtain username and password for login. If not available, contact appropriate company manager to obtain access.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Login into system, check for any alarms currently on system. Make necessary repairs to correct alarms back to normal state.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Check physical condition of the device. Shut off power to the unit. Vacuum any remaining dust. Turn power back on to the unit.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	device is in good condition no evidence of heating alarms have been acknowledged plugs are seated
4	Check all fuses for evidence of heating or weakening.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Check sytem for alarms	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Check all plug connections in the panel to ensure the plugs are fully seated.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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To be performed by: HVAC Technician

Additional Notes: