

**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

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

VAV BOX

SITE AND BLDG #: NY127-01MECHANIC
SIGNATURE: DATE: 8/21/20LOCATION/RM #: _____ WO# 9725 ASSET # 190917-615START TIME: 11amFINISH TIME: 12am

| 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 | If EMS system permits, check that the operating controls activate damper per design specifications.- | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Record CFM AIR FLOW <u>calculated</u> |
| 2 | If required, check damper linkage for tightness and lightly lubricate. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 3 | If required, inspect dampers for free movement. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no dampers |
| 4 | If required, inspect actuators for tightness to mounting brackets. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | actuators are tight |
| 5 | As needed, tighten electrical connections to servo motor. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | electrical connections are tight |
| 6 | Inspect unit for overall condition and recommend for replacement or other needed repairs. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | units are 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: HVAC Technician

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

DDC CONTROLLER

SITE AND BLDG #: NY127-01MECHANIC
SIGNATURE: DATE: 8/21/20LOCATION/RM #: WO# 9725 ASSET # 190917-616START TIME: 12amFINISH TIME: 12:30am

| 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"/> | |
| 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 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 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 type="checkbox"/> | unit is in good condition |
| 4 | Check all fuses for evidence of heating or weakening. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no evidence of heating |
| 5 | Check sytem for alarms | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Check all plug connections in the panel to ensure the plugs are fully seated. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | plug connections are fully seated |

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To be performed by: HVAC Technician

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

CIRCULATING AND BOOSTER PUMPS

SITE AND BLDG #: **NY127-01**MECHANIC
SIGNATURE: DATE: **8/21/20**LOCATION/RM #: _____ WO# **9725** ASSET # **190917-636** tt00
190917--640START TIME: **12:30pm**FINISH TIME: **1:15pm**

| 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 | 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 checked="" 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 checked="" type="checkbox"/> | used Lucas heavy duty Grease |
| 2 | Inspect couplings and check for any pump seal leaks. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no leaks |
| 3 | Check motor mounts and vibration pads | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | motor mounts are good |
| 4 | Tighten all pump flanges. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | all flanges are tight |
| 5 | Visually check pump alignment and coupling -Report unusual vibration | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | pump alignment is good |
| 6 | Inspect electrical connections | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | electrical connections are tight |

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To be performed by: General Maintenance Worker

Additional Notes: