

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 10/7/20

Contractor Personnel on Site:

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

**Work Performed:**

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

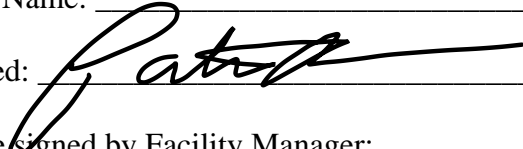
1. WO'S 9777PFQ, 10209PMQ, 10227PMS, 9778PFQ, 10197PMA, 10205PMM,
2. 10210PMQ, 10228PMS
3. FILTERS, GREASE INTERCEPTOR, CHILLER, AIR HANDLERS, HRS, CONDENSING UNITS
4. MAKEUP AIR UNIT, VFD, AIR CURTAIN, FURNACE, FAN COIL UNITS, LIGHTING
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:


Print Name: Patrick Brown Date: 10/7/20

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: Lars Luffman Date: 10/7/20

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

**SITE AND BLDG #:** NY127-02

**MECHANIC  
SIGNATURE:**

**DATE:** 10/7/20

**LOCATION/RM #:** **WO# 9778**

START TIME: 1 pm

**FINISH TIME: 2pm**

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	Check, clean, and/or replace filters as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Initial and Date Filter (if disposable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Initial and Date Yellow Maintenance Tag (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ASSET #	SIZE	QTY		NOTES/ ACTIONS
	Record Size :			
190917-691	16x24x2	1		
190917-695				
190917-698	16x20x2 - 16x25x2	6 - 4		
190917-705	20x20x4	1		
190917-706	16x20x4	1		
	NOTE : Any AHU with outside air -Filter gets replaced Quarterly			
	All other filters get replaced annually But inspected Quarterly			

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 Technician

**Additional Notes:**