

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: Pa 011 - 41+02 Date of Visit: 8/18/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Gertgens
3. Scott Werry

- 4.
- 5.
- 6.

Work Performed:

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

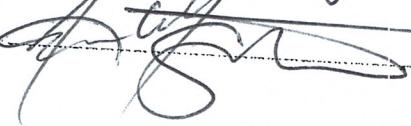
1. 10289
2. 10439
3. 10189
4. 10466

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gertgens

Date: 8-19-19

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: Ramón E. De la Cruz/SUT Date: 2019.0819

Signed: 

OTHER RECURRING SERVICES CERTIFICATION OF WORK  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FacID/Building: PA011-01

Date of Visit: 8/7/19

Contractor Personnel on Site:

1. Tony Green
2. Don Geerfier
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

Other Recurring Services

1. 10382
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Green Date: 8/7/19  
Signed: Tony G

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: Ramon E. De la Cruz /Sgt Date: 20190819  
Signed: R. De la Cruz  
E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DOMESTIC HOT WATER HEATER - ELECTRIC**

SITE AND BLDG #: *Pro 01-02*LOCATION/RM #: *0MS*WO# *0466*ASSET # *6984*MECHANIC  
SIGNATURE: *John J. S.*DATE: *8/13/13*START TIME: *1045*FINISH TIME: *1100*

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.	<input checked="" type="checkbox"/>		
2	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"/>		
1	Attach drain hose. Drain several gallons from tank to remove	<input checked="" type="checkbox"/>		
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"/>		
3	Check all connections - electric and water. Tighten as necessary. Ensure power is disconnected to electric heaters	<input checked="" type="checkbox"/>		
4	Check operation/ setting of aquastat. Check hot water temperature with dial thermometer, set aquastat at minimum	<input checked="" type="checkbox"/>		
5	Check amperage draw of upper and lower elements and compare to name plate data.	<input checked="" type="checkbox"/>		
6	Clean element contacts, and check for proper closing under load.	<input checked="" type="checkbox"/>		
7	Clean pump, controls, switches, and starters. Check condition of pump seal or packing, and replace as required.	<input checked="" type="checkbox"/>		
8	If applicable, Remove and inspect Anode, replace if necessary	<input checked="" type="checkbox"/>		
9	Clean up work area and remove trash.	<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 exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.

*18 Galco*