

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST EXHAUST FANS

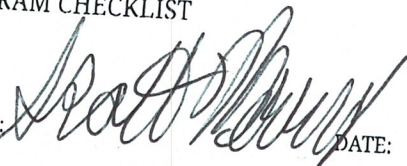
SITE AND BLDG #:

P-000 -02

LOCATION/RM #:

WO# 9196

ASSET # 3753

MECHANIC  
SIGNATURE:


DATE:

6/11/18

START TIME:

FINISH TIME:

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.
- 2 Schedule shutdown with operating personnel, as needed.
- 3 Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.

- 1 Clean unit, especially fan blades.
- 2 Inspect pulleys, belts, couplings, etc.; adjust tension and tighten mountings as necessary. Change badly worn belts. Multiple belts should be replaced with matched sets.
- 3 Perform required lubrication and remove old or excess lubricant.
- 4 Clean motor with vacuum or low pressure dry air (less than 40 psig). Check for obstructions in motor cooling and air flow.
- 5 Check structural members, vibration eliminators, and flexible connections. Check fan housing to ensure there is no damage and the housing is tight.
- 6 Start unit and check for vibration and noise.
- 7 Remove all trash and debris.

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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

Remade D

BK

CERTIFICATION OF WORK

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

FACID/Building: PA 050

Date of Visit: 6/11/19

Contractor Personnel on Site:

1. Tony Carpus
2. Jim Gertgen
3. Scott Werry

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

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

1. 9153 9484
2. 9251
3. 9381
4. 9146

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gertgen

Date: 6-11-19

Signed: [Signature]

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: Steve Dams

Date: 20190611

Signed: [Signature]

E-Mail:

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

FACID/Building: PA 050

Date of Visit: 6/11/19

Contractor Personnel on Site:

1. TOOY CAZARES  
2. Jim Centgen  
3. Scott Werry

4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

Work Performed:

Other Recurring Services

1. 9235  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jim Gecptgens

Date: 6-11-19

Signed: [Signature]

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: Steven Davis

Date: 20190611

Signed: [Signature]

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