

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EXHAUST FANSSITE AND BLDG #: *Pr 000 - 02*MECHANIC
SIGNATURE:

START TIME:

LOCATION/RM #: *WO# 9146 ASSET # 32r3**Scott Murphy*DATE: *6/11/18*

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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

*Removed**BL*

CERTIFICATION OF WORK

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

FACID/Building: Pr 050

Date of Visit: 6/11/19

Contractor Personnel on Site:

1. Tony Corras
2. Jim Geertgens
3. Scott Werry

- 4.
- 5.
- 6.

Work Performed:

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

1. <u>9153</u>	<u>9484</u>
2. <u>9251</u>	
3. <u>9381</u>	
4. <u>9146</u>	

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 6-11-19

Signed: Jim Geertgens

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 J. Davis

Date: 20190611

Signed: Steven J. Davis

E-Mail:

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

FacID/Building: Pr 050 Date of Visit: 6/11/19

Contractor Personnel on Site:

1. Tooy Gizeers
2. Jim Centger
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 Geertgens

Date: 6-11-19

Signed: Jim Geertgens

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: SD

E-Mail: