

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: PA051-02 Date of Visit: 6/17/19

Contractor Personnel on Site:

1. SCOTT K 3. _____
2. _____ 4. _____

Work Performed:

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

1. WO# 9133 (EXHAUST)
2. WO# 9273 (PUMPS)
3. WO# 9476 (UNIT HEATERS)
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: SCOTT KENDERS Date: 6/17/19

Signed: Scott Kenders

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: Al Maynard Date: 6/26/19

Signed: Al Maynard

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
UNIT HEATER, INFRA-RED, RADIANT, GAS

SITE AND BLDG #: Pump House WO# 9476 **ASSET #** 4521

MECHANIC SIGNATURE: SK

DATE: 6/17/19

LOCATION/RM #: Pump House WO# 9476 **ASSET #** 4521

START TIME: 10 **FINISH TIME:** 10 20

| 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 | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. | ✓ | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | For gas/oil heaters: | ✓ | | INSPECTED CABINET |
| | 1. Remove access panels if applicable. | | | |
| | 2. Check the fire box liner or refractory for cracks and leaks. | | | |
| | 3. Check all gas lines for leaks. Repair as needed. | | | |
| 2 | Clean dirt from heater, vacuuming is preferred. | ✓ | | |
| 3 | Check operation of gas valve. | N/A | | |
| 4 | Check for gas leaks. | N/A | | |
| 5 | Check operation of thermostat. | ✓ | | |
| 6 | If applicable, replace primary air intake filter. | N/A | | |
| 7 | As needed, clean spark electrode and reset gap, replace if necessary. | N/A | | |
| 8 | Inspect flue pipe and connections. | N/A | | |
| 9 | If applicable, inspect and clean outside air blower and blower intake. | ✓ | | |
| 10 | Inspect unit for proper operation. | ✓ | | |
| 11 | Inspect unit for overall condition and recommend for replacement or other needed repairs. | ✓ | | |

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: HVAC Technician

Additional Notes: