

CERTIFICATION OF WORK

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

FACID/Building: PROS - 04

Date of Visit: 6/12/19

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Scott Werry</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>9125</u> | _____ |
| 2. <u>9403</u> | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry Date: 6/12/19

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: Leighton Holland Date: 6/12/19

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: PO 051 -04

Date of Visit: 6/12/19

Contractor Personnel on Site:

1. SCOTT WERRY

2. _____

3. _____

4. _____

5. _____

6. _____

Work Performed:

Other Recurring Services

1. 9246

2. _____

3. _____

4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: SCOTT WERRY

Date: 6/12/19

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: Leighton Holland

Date: 6/12/19

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST UNIT HEATER, ELECTRIC

SITE AND BLDG #:

P 051-04

LOCATION/RM #:

Garage

WO#

9403

ASSET #

4112

MECHANIC

SIGNATURE:

[Signature]

DATE:

6/12/19

START TIME:

10:30

FINISH TIME:

10:40

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"/>	<input 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"/>	<input type="checkbox"/>	
1	Check heater coils and associated piping for leaks or corrosion.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Clean heating coil. Brush vacuum where accessible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Inspect wiring and electrical controls for loose connections, charred, frayed or broken insulation, evidence of short circuiting, wrong size fuses, circuit breakers, or switches, and other electrical deficiencies. Tighten any loose connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Inspect fan for bent blades, unbalance, excessive noise and vibration.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Verify proper control by modulating the thermostat through complete cycle.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Inspect unit for proper operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input 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. To be performed by: HVAC Technician