

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

FacID/Building: PE05 - 09

Date of Visit: 8/5/19

Contractor Personnel on Site:

1. Tom Ganz

2.

3.

4.

5.

6.

Work Performed:

Other Recurring Services

1. 10343

2.

3.

4.

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Tom Ganz

Date: 8/5/19

Signed: Tom Ganz

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: Ajed Y. Mowry, GS-11

Date: 8-5-2019

Signed: Ajed Y. Mowry

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST  
EMERGENCY GENERATORS

SITE AND BLDG #: *Phase 1 - 49*LOCATION/RM #: *WO# 10343*ASSET # *6769*MECHANIC  
SIGNATURE: *Jog L*START TIME: *1030*DATE: *8/5/18*FINISH TIME: *1100*

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)	
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	Review and follow manufacturer's instructions. One copy of the instruction manual(s) shall be kept in a secure, convenient location near the equipment and another kept in a different location.	<input checked="" type="checkbox"/>		
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.	<input type="checkbox"/>		
4	A written record of all inspections, service, tests, operation, and repairs to the emergency generator shall be maintained in an equipment log book and kept on the premises. This record shall include the date of maintenance, identity of service personnel, and notation of any unsatisfactory condition and the corrective action taken, including parts	<input checked="" type="checkbox"/>		
5	Have a properly serviced fire extinguisher in proper working order on hand.	<input checked="" type="checkbox"/>		
6	Follow NFPA 110 and 111 for operation and maintenance requirements.	<input checked="" type="checkbox"/>		
1	Fuel, check main and day tank fuel supply levels; day tank float switch; piping, hoses and connectors; operating fuel pressure; and for any obstructions to tank vents and overflow piping	<input type="checkbox"/>		

- 2 Oil (check for proper oil level and oil operating pressure; lube oil heater)
  - Engine oil level should be checked with the unit stopped
  - Check unit for recommended proper oil pressure
- 3 Cooling system (check coolant level, water pump(s), jacket water heater, belts, hoses, fan)
- 4 Exhaust system, check for leaks while unit is running.
- 5 Battery system [look for possible corrosion; check specific gravity, electrolyte level (a level between 1250 and 1275 is acceptable) and battery charger. Use distilled water to maintain battery water level.]
- 6 Electrical (conduct a general inspection of wiring and connections; check circuit breakers/fuses, look for
- 7 Generator (Check for debris, foreign objects, loose or broken fittings; check guards and components; look for any unusual condition of vibration, leakage, noise, temperature or deterioration)

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*Service*

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: