

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

FACID/Building: Pa 551 - 05

Date of Visit: 5/10/19

Contractor Personnel on Site:

1. Tony Lazaras

2. Jim Gertgen

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Work Performed:

Other Recurring Services

1. 8559

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jim Gertgen

Date: 5-10-19

Signed: \_\_\_\_\_

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: John P. Rossi

Date: 10 May 2019

Signed: \_\_\_\_\_

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

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

FACID/Building: P1051-09

Date of Visit: 5/10/19

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Tony Greaves</u> | 4. _____ |
| 2. <u>Jim Gertsen</u>  | 5. _____ |
| 3. _____               | 6. _____ |

Work Performed:

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

- |                |       |
|----------------|-------|
| 1. <u>8668</u> | _____ |
| 2. _____       | _____ |
| 3. _____       | _____ |
| 4. _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gertsen Date: 5-10-19

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: John D. Rossi Date: 10 May 2019

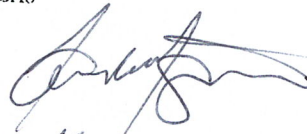
Signed: John D. Rossi

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

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #:

PA051 - 09

MECHANIC  
SIGNATURE:


DATE:

5-1-18

LOCATION/RM #:

Baker  
Room

WO#

8662

ASSET #

6961

START TIME:

1600

FINISH TIME:

1030

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		—	
3	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.		—	
4	Do not allow any open flames around equipment.		—	
1	Attach drain hose. Drain several gallons from tank to remove		—	
2	Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place.		—	
3	Ensure that no personnel are in area of relief piping discharge.		—	
4	Check all connections - electric, gas and water. Tighten as necessary.		—	
5	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at		NA	150°
6	Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.		NA	
7	Clean sight glasses on tanks.		NA	
8	Clean strainer, check condition of traps. Report and repair leaks.		NA	
9	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.		NA	

K00-048CMI Management Inc.

- 9 If applicable, Remove and inspect Anode, replace if necessary
- 10 Clean up work area and remove trash.

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:

1P51A - 114