

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: PA051-194 Date of Visit: 8-13-19

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>Dominic Stango</u> | 3. _____ |
| 2. <u>Scott Wenders</u> | 4. _____ |

Work Performed:

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

1. WO# 10182, 10401,
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dominic Stango Date: 8-13-19

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: AL Molowski Date: 8/13/19

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **OUTDOOR CONDENSING UNIT**

SITE AND BLDG #: R-051-194MECHANIC
SIGNATURE: DATE: 8-13-19LOCATION/RM #: Outside WO# 10461 ASSET # 6779START TIME: 10FINISH TIME: 10:10

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"/>		
2	Schedule outage of unit with personnel in area the unit serves.	<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 checked="" type="checkbox"/>		
4	If disposal of the equipment is required, follow regulations concerning removal of refrigerants and disposal of the unit.	<input checked="" type="checkbox"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove debris from air screen and clean underneath unit.	<input checked="" type="checkbox"/>		
2	Wash coil with coil cleaning solution - Rinse Thoroughly	<input checked="" type="checkbox"/>		
3	Straighten fin tubes with fin comb, as needed.	<input checked="" type="checkbox"/>		
4	Check electrical connections for tightness.	<input checked="" type="checkbox"/>		
5	Check mounting base for tightness.	<input checked="" type="checkbox"/>		
6	Inspect fans for bent blades, unbalance, excessive noise and vibrations.	<input checked="" type="checkbox"/>		
7	Inspect all piping for leaks and tighten loose connections.	<input checked="" type="checkbox"/>		
8	Check wires at condenser electrical fused safety switches for tightness and burned insulation. Repair as necessary.	<input checked="" type="checkbox"/>		
9	Check supply air temperature to ensure unit is operating properly. If possible record room temperature.	<input checked="" type="checkbox"/>		
10	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>		
11	Clean up work area.	<input checked="" 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 any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **OUTDOOR CONDENSING UNIT**

SITE AND BLDG #: Pa 051-194

MECHANIC SIGNATURE: 

DATE: 8-13-19

LOCATION/RM #: outside WO# 10461 ASSET # 6780

START TIME: 10:10

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.	<input checked="" type="checkbox"/>		
2	Schedule outage of unit with personnel in area the unit serves.	<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 checked="" type="checkbox"/>		
4	If disposal of the equipment is required, follow regulations concerning removal of refrigerants and disposal of the unit.	<input checked="" type="checkbox"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove debris from air screen and clean underneath unit.	<input checked="" type="checkbox"/>		
2	Wash coil with coil cleaning solution - Rinse Thoroughly	<input checked="" type="checkbox"/>		
3	Straighten fin tubes with fin comb, as needed.	<input checked="" type="checkbox"/>		
4	Check electrical connections for tightness.	<input checked="" type="checkbox"/>		
5	Check mounting base for tightness.	<input checked="" type="checkbox"/>		
6	Inspect fans for bent blades, unbalance, excessive noise and vibrations.	<input checked="" type="checkbox"/>		
7	Inspect all piping for leaks and tighten loose connections.	<input checked="" type="checkbox"/>		
8	Check wires at condenser electrical fused safety switches for tightness and burned insulation. Repair as necessary.	<input checked="" type="checkbox"/>		
9	Check supply air temperature to ensure unit is operating properly. If possible record room temperature.	<input checked="" type="checkbox"/>		
10	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>		
11	Clean up work area.	<input checked="" 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 any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **ICE MAKER**

SITE AND BLDG #: Rr 051-194MECHANIC
SIGNATURE: DATE: 8-13-19LOCATION/RM #: Kitchen WO# 10401 ASSET # 6801START TIME: 8FINISH TIME: 10

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
1	Review manufacturer's instructions.	<input checked="" type="checkbox"/>		
2	De-energize, lock out, and tag electrical circuits.	<input checked="" type="checkbox"/>		
3	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	<input checked="" type="checkbox"/>		
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	<input checked="" type="checkbox"/>		
5	Only approved cleaning chemicals shall be used.	<input checked="" type="checkbox"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>		
2	Visually check for refrigerant, oil and water leaks.	<input checked="" type="checkbox"/>		
3	Inspect ice condition/size.	<input checked="" type="checkbox"/>		
4	As needed, drain and clean unit with proper ice machine cleaning solution.	<input checked="" type="checkbox"/>		
5	Check date on water filter. Replace as needed. Water filters should be changed annually at a minimum.	<input checked="" type="checkbox"/>		
6	Check and tighten any loose screw-type electrical connections.	<input checked="" type="checkbox"/>		
7	Check all controls; adjust if necessary.	<input checked="" type="checkbox"/>		
8	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	<input checked="" type="checkbox"/>		
9	Check and clear ice machine draining system (drain vent, strainer, trap).	<input checked="" type="checkbox"/>		
10	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	<input checked="" type="checkbox"/>		
11	Clean motor, compressor, and condenser coil.	<input checked="" 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 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: General Maintenance Worker

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **DOMESTIC HOT WATER HEATER - GAS**

SITE AND BLDG #:

PA051-194

MECHANIC
SIGNATURE:


DATE:

8-13-19

LOCATION/RM #: 117

WO# 10461

ASSET # 7036

START TIME: - 8

FINISH TIME: 8:10

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"/>		
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"/>		
3	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.	<input checked="" type="checkbox"/>		
4	Do not allow any open flames around equipment.	<input checked="" type="checkbox"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>		
2	Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge.	<input checked="" type="checkbox"/>		
3	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>		
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses.	<input checked="" type="checkbox"/>		
5	Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.	<input checked="" type="checkbox"/>		
6	Clean sight glasses on tanks.	<input checked="" type="checkbox"/>		
7	Clean strainer, check condition of traps. Report and repair leaks.	<input checked="" type="checkbox"/>		
8	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.	<input checked="" type="checkbox"/>		
9	If applicable, Remove and inspect Anode, replace if necessary	<input checked="" type="checkbox"/>		
10	Clean up work area and remove trash.	<input checked="" type="checkbox"/>		

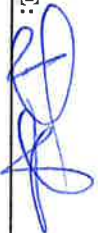
Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.

Storage tank

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **REACH-IN REFRIGERATORS/ FREEZERS**

SITE AND BLDG #:

Pa 051-194

MECHANIC
SIGNATURE:


DATE:

8-13-19

LOCATION/RM #:

Kitchen WO# 10401

ASSET # 6860

START TIME: 8:30

FINISH TIME: 8:40

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO. PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Review manufacturer's instructions.	✓		
2	De-energize, lock out, and tag electrical circuits.	✓		
3	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	✓		
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	✓		
5	Closely follow all safety procedures described in the Safety Data Sheet (SDS) for the refrigerant and to all labels on refrigerant containers.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	✓		
2	Verify indicator light on; check compartment temperature.	✓		
3	Examine evaporator for proper clearances/slope and air flow.	✓		
4	Examine handles, hinges and tightness of door closure.	✓		
5	Examine safety door release and fan shut down safety switch.	✓		
6	Inspect lighting for burnt out lamps.	✓		
7	Check starter panels and controls for proper operation, burned or loose contacts, and loose connections.	✓		
8	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	✓		
9	Clean condenser coil and condensing unit section.	✓		
10	Clean and inspect defrost evaporation trays/pans.	✓		
11	Inspect defrost systems for proper operation, including timer; adjust as required. Have automatic defrosters adjusted as required so freezer will defrost during "Off Peak" hours	✓		
12	Check operation of thermostats; calibrated as required.	✓		
13	Check coil superheat and adjust to manufacturers recommendations.	✓		

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
14	Inspect and service all electric motors.	✓		
15	Inspect door gaskets for damage and proper fit; adjust gaskets as required and lubricate hinges with food grade oil.	✓		
16	Check door gasket heater.	✓		
17	Check box floor for water or ice accumulation.	✓		
18	Check box for excessive ice build- up and open seams.	✓		

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: General Maintenance Worker
 Additional Notes: *Service valves need to be added to unit to troubleshoot*

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **WALK-IN REFRIGERATORS/ FREEZERS**

ACTIVITY AND BLDG #: Pa051-194

MECHANIC SIGNATURE: [Signature]

DATE: 8-13-19

LOCATION: Ritchie W03 10401 Asset# 6908

START TIME: 8

FINISH TIME: 8:30

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO. PROVIDE EXPLANATION)
		YES	NO	
1	Review manufacturer's instructions.	<input checked="" type="checkbox"/>		
2	Notify cafeteria operator and get permission prior to performing all maintenance.	<input checked="" type="checkbox"/>		
3	If any safety deficiencies are found which could cause injury or damage, notify the cafeteria operator immediately and secure the equipment from further operations.	<input checked="" type="checkbox"/>		
4	De-energize, lock out, and tag electrical circuits.	<input checked="" type="checkbox"/>		
5	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	<input checked="" type="checkbox"/>		
6	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	<input checked="" type="checkbox"/>		
7	Closely follow all safety procedures described in the Safety Data Sheet (SDS) for the refrigerant and to all labels on refrigerant containers.	<input checked="" type="checkbox"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>		
2	Verify indicator light on; check compartment temperature.	<input checked="" type="checkbox"/>		
3	Examine evaporator for proper clearances/slope and air flow.	<input checked="" type="checkbox"/>		
4	Examine condensate drain and drain heating.	<input checked="" type="checkbox"/>		
5	Examine handles, hinges and tightness of door closure.	<input checked="" type="checkbox"/>		
6	Examine safety door release and fan shut down safety switch.	<input checked="" type="checkbox"/>		
7	Inspect lighting for burnt out lamps.	<input checked="" type="checkbox"/>		
8	Inspect door gaskets for damage and proper fit; adjust gaskets as required and lubricate hinges with food grade oil.	<input checked="" type="checkbox"/>		
9	Check door gasket heater.	<input checked="" type="checkbox"/>		

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (If Task Complete is checked no, provide explanation)
		YES	NO	
10	Check starter panels and controls for proper operation, burned or loose contacts, and loose connections.	✓		
11	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	✓		
12	Inspect defrost systems for proper operation, including timer; adjust as required. Have automatic defrosters adjusted as required so freezer will defrost during "Off Peak" hours	✓		
13	Check operation of thermostats; calibrated as required.	✓		
14	Check coil superheat and adjust to manufacturers recommendations.	✓		
15	Inspect and service all electric motors.	✓		
16	Check box floor for water or ice accumulation.	✓		
17	Check box for excessive ice build-up and open seams.	✓		

Note: The Contractor shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence.

Checklist compiled in accordance with:

- General Services Administration (GSA) Public Building Service. 2012. *Public Buildings Maintenance Standards Final*. October 1.
- Original equipment manufacturers (OEM) documentation for exact or similar assets, which can be located at ([Provide Link to OEM Manual/Asset Library](#))

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **DOMESTIC HOT WATER HEATER - GAS**

SITE AND BLDG #: PA051-194MECHANIC
SIGNATURE: [Signature]DATE: 8-13-14LOCATION/RM #: 117 WO# 10401 ASSET # 7080START TIME: 8:10FINISH TIME: 8:26

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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	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"/>		
3	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.	<input checked="" type="checkbox"/>		
4	Do not allow any open flames around equipment.	<input checked="" type="checkbox"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>		
2	Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge.	<input checked="" type="checkbox"/>		
3	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>		
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses.	<input checked="" type="checkbox"/>		
5	Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.	<input checked="" type="checkbox"/>		
6	Clean sight glasses on tanks.	<input checked="" type="checkbox"/>		
7	Clean strainer, check condition of traps. Report and repair leaks.	<input checked="" type="checkbox"/>		
8	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.	<input checked="" type="checkbox"/>		
9	If applicable, Remove and inspect Anode, replace if necessary	<input checked="" type="checkbox"/>		
10	Clean up work area and remove trash.	<input checked="" 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 any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.