

CERTIFICATION OF WORK

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

FACID/Building: P-053-01, 02 Date of Visit: 5/13/19

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Scott WERRY</u> | 4. _____ |
| 2. <u>GARY BEITZEL</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | |
|--|
| 1. <u>6820, 6899, 7346, 5042, 3412</u> |
| 2. _____ |
| 3. <u>W01# 8635, 8785, 8274</u> |
| 4. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott WERRY Date: 5/13/19
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: CIV Anita Moore Date: 20190513

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: PA053-01

Date of Visit: 5/13/19

Contractor Personnel on Site:

1. Scott Werry
2. GARY Beitzel
3. _____

4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 7438 was 8578
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry

Date: 5/13/19

Signed: Scott Werry

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: Cir Anita Moore

Date: 20190513

Signed: Anita Moore

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOMESTIC HOT WATER HEATER - ELECTRIC

SITE AND BLDG #: PAS3-02

LOCATION/RM #: Ans Bldg WO# 8674

ASSET # 6982

MECHANIC

SIGNATURE: Mary B...

START TIME: 10:30

DATE: 5-13-19

FINISH TIME: 11:00

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.	/		
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. Ensure that no personnel are in area of relief piping discharge.	/		
3	Check all connections - electric and water. Tighten as necessary. Ensure power is disconnected to electric heaters	/		
4	Check operation/ setting of aquastat. Check hot water temperature with dial thermometer, set aquastat at minimum	/		
5	Check amperage draw of upper and lower elements and compare to name plate data.	/		
6	Clean element contacts, and check for proper closing under load.	/		
7	Clean pump, controls, switches, and starters. Check condition of pump seal or packing, and replace as required.	/		
8	If applicable. Remove and inspect Anode, replace if necessary	/		
9	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 discription of the deficiency.

NOT Heating water