

CERTIFICATION OF WORK

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

FACID/Building: PA 087

Date of Visit: 5/30/19

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Tony Lazarus</u> | 4. _____ |
| 2. <u>Jim Geertgas</u> | 5. _____ |
| 3. <u>Scott Warrig</u> | 6. _____ |

Work Performed:

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

- |                |             |
|----------------|-------------|
| 1. <u>8525</u> | <u>8687</u> |
| 2. <u>8618</u> | <u>8735</u> |
| 3. <u>8748</u> | _____       |
| 4. <u>8539</u> | _____       |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgas Date: 5-30-19

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: WOELF JAMES T. 659 Date: 30 MAY 19

Signed: [Signature]

E-Mail: James.t.wolf@cwemail.com

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

FACID/Building: Pa 087-01 Date of Visit: 5/7/18

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- |    |             |       |
|----|-------------|-------|
| 1. | <u>8580</u> | _____ |
| 2. | _____       | _____ |
| 3. | _____       | _____ |
| 4. | _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgen Date: 5-30-19

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: \_\_\_\_\_ Date: \_\_\_\_\_

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

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #:

P 000 102

MECHANIC  
SIGNATURE:

DATE:

5/30/18

LOCATION/RM #:

WO# 8687

ASSET #

2005

START TIME:

1030

FINISH TIME:

1040

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. Ensure that no personnel are in area of relief piping discharge.	-		
3	Check all connections - electric, gas and water. Tighten as necessary.	-		
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at		N/A	
5	Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.		N/A	
6	Clean sight glasses on tanks.		N/A	
7	Clean strainer, check condition of traps. Report and repair leaks.		N/A	
8	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.		N/A	

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:

H/K



# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST CHILLER CONTROL PANEL (ANNUAL)

ACTIVITY AND BLDG #:

Pa 081 -02

LOCATION:

001 West 8687 ASJed # 7270

MECHANIC  
SIGNATURE:

DATE:

5/31/18

START TIME:

1100

FINISH TIME:

1100

CHECK NUMBER	CHECK/INSTR DESCRIPTION	TASK COMPLETED		NOTES/ACTIONS
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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	Read and understand the manufacturer's instructions before making any adjustments or calibrations.		NA	
4	Schedule work with operating personnel, as needed.		-	
5	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	-	-	
6	Ensure appropriate site personnel are notified that alarms that may result from testing and to disregard them until testing is completed.	-	-	
7	Replace defective control safeties (as work order) found while performing preventive maintenance.		NA	
<b>TO BE PERFORMED BY FIELD TECHNICIAN SERVICE</b>				
1	Clean and calibrate all controlling instruments (temperature and pressure transducers, etc.) in accordance with manufacturer's instructions and maintenance standard.		NA	
2	Check and clean all electrical contacts and pneumatic orifices.		NA	
3	Check pneumatic tubing for leaks or damage. Repair or replace as required.		NA	
4	Check for bad indicator lights and gauges and replace as necessary.		NA	
5	Test all controllers and set at proper set points.		NA	
6	Check operating data and analyze for proper operation. Note unusual conditions such as compressor surge on maintenance log.		NA	

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:

Sump Pump Control Panel

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