

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: Pr 086

Date of Visit: 8/20/19

Contractor Personnel on Site:

1. Scott Werry

4.

2. _____

5. _____

3. _____

6. _____

Work Performed:

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

1. 10187

2. 10437

3. _____

4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry

Date: 8/20/19

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: Booth, Ericka M

Date: 20190820

Signed: Ericka M Booth

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

FacID/Building: 10096-01 Date of Visit: 8/20/19

Contractor Personnel on Site:

1. Scott Werry

2. _____

3. _____

4. _____

5. _____

6. _____

Work Performed:

Other Recurring Services

1. 10367

2. _____

3. _____

4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry Date: 8/20/19
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: Booth, Enrica Date: 20190820
Signed: EBR

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ICE MAKERSITE AND BLDG #: *Pr 096-01*LOCATION/RM #: *Prk* WO# *10431*ASSET # *6838*MECHANIC
SIGNATURE: *Scott M. P. May*DATE: *8/20/11*START TIME: *8:00*FINISH TIME: *9:45*

ITEM/CS NUMBER	CHECKLIST DESCRIPTION	SPEC. INSTRUCTIONS	CHECKLIST		NOTES/COMMENTS
			YES	NO	
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	Only approved cleaning chemicals shall be used.				
	TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies, verify cleaning program.				
2	Visually check for refrigerant, oil and water leaks.				
3	Inspect ice condition/size.				
4	As needed, drain and clean unit with proper ice machine cleaning solution.				
5	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.				
6	Check and tighten any loose screw-type electrical connections.				
7	Check all controls; adjust if necessary.				
8	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.				
9	Check and clear ice machine draining system (drain vent, strainer, trap).				
10	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide, lubricate as required. Check storage bin condition.				
11	Clean motor, compressor, and condenser coil.				

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

Additonal Notes:

CLEANED AND TURNED BACK OFF

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: P 096-c1

LOCATION/RM #: Boiler

WO# 10437

ASSET # 2011

MECHANIC
SIGNATURE: *Scott M. Kelly*

DATE: 8/20/11

START TIME: 9:00

FINISH TIME: 9:15

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	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal	<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"/>	
5	Attach drain hose. Drain several gallons from tank to remove	<input checked="" type="checkbox"/>	
6	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"/>	
7	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>	
8	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at	<input checked="" type="checkbox"/>	
9	Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.	<input checked="" type="checkbox"/>	
10	Clean sight glasses on tanks.	<input checked="" type="checkbox"/>	
11	Clean strainer, check condition of traps. Report and repair leaks.	<i>N/A</i>	
12	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.	<i>N/A</i>	

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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: