

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: Pa166-05 Date of Visit: 4-16-19

Contractor Personnel on Site:

1. Dominic Stango
2. _____
3. _____
4. _____

Work Performed:

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

1. 8305
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dominic Stango Date: 4-17-19

Signed: Dominic N Stango

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: MICHAEL S PETERS Date: 17 APR 19

Signed: Michael S Peters

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
THERMOSTATS

SITE AND BLDG #: Da166 - 05

MECHANIC SIGNATURE: JS **DATE:** 4-16-19

LOCATION/RM #: NA **WO#** 8355 **ASSET #** 6058

START TIME: 1 **FINISH TIME:** 1:05

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.	<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"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	If EMS (Energy Management System) exists, run the manufacturers diagnostic software for the wireless system. This diagnostic shall produce a report of all functional aspects of the wireless system indicating faults that should be addressed in this maintenance.	<input checked="" type="checkbox"/>		
2	Review all zone set points at the server.	<input checked="" type="checkbox"/>		
3	Inspect thermostat installation, ensure mounting is correct, fastened secure and that the thermostat is not blocked by equipment generating heat or furniture blocking air circulation.	<input checked="" type="checkbox"/>		
4	Remove thermostat cover and lightly blow away any accumulated dust with canned low pressure air.	<input checked="" type="checkbox"/>		
5	Check time-of-day schedule to confirm consistency with facility operation.	<input checked="" type="checkbox"/>		
6	Adjust schedule as needed. If applicable, replace battery as needed.	<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: HVAC Technician

Additional Notes: