

CERTIFICATION OF WORK

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

FACID/Building: Pa 193

Date of Visit: 5/8/19

Contractor Personnel on Site:

1. Tony Cozenus
2. Jim Geertgens
3. Scott Werg

4. Gary Befze/
5.
6.

Work Performed:

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

1. 8654
2.
3.
4.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 5-10-19

Signed:



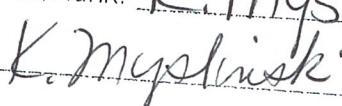
To be signed by Facility Manager:

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: K. Myslinski

Date: 5/10/19

Signed:



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

FacID/Building: Pr 193 Date of Visit: 5/2/19

Contractor Personnel on Site:

1. Tony Lorenz
2. Jim Geertges
3. Scott Wenz
4. Greg Bental
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 8555
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertges Date: 5-10-19

Signed: Jim Geertges

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: K. Myslinski Date: 5/10/19

Signed: K. Myslinski

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ICE MAKER

SITE AND BLDG #: *Pp 193*LOCATION/RM #: *Kitchen*WO# *8654*ASSET # *6839*MECHANIC
SIGNATURE: *John*DATE: *5/10/19*START TIME: *1100*FINISH TIME: *130*

ITEM #	ITEM DESCRIPTION	WORK COMPLETED		NOTES/ ACTIONS OR WORK COMPLETED OR CHARGED TO PROVIDE EXPLANATION
		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

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - ELECTRIC

SITE AND BLDG #: *Pa 193*LOCATION/RM #: *Bath*
*12*WO# *8684*ASSET # *6932*MECHANIC
SIGNATURE:
START TIME:*John*
1030

DATE:

5/10/11

FINISH TIME:

1045

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"/>	<input 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"/>	<input type="checkbox"/>	
3	Attach drain hose. Drain several gallons from tank to remove	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	
3	Check all connections - electric and water. Tighten as necessary. Ensure power is disconnected to electric heaters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>
4	Check operation/ setting of aquastat. Check hot water temperature with dial thermometer, set aquastat at minimum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>
5	Check amperage draw of upper and lower elements and compare to name plate data.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>
6	Clean element contacts, and check for proper closing under load.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>
7	Clean pump, controls, switches, and starters. Check condition of pump seal or packing, and replace as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>
8	If applicable, Remove and inspect Anode, replace if necessary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>
9	Clean up work area and remove trash.	<input checked="" type="checkbox"/>	<input 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 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
DOMESTIC HOT WATER HEATER - ELECTRIC

SITE AND BLDG #: *Re 193*LOCATION/RM #: *Bath 100* WO# *8654*ASSET # *6983*MECHANIC
SIGNATURE: *Janet*START TIME: *1045*DATE: *5/10/19*FINISH TIME: *1100*

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.			<i>70.3</i>
8	If applicable. Remove and inspect Anode, replace if necessary			<i>70.6</i>
9	Clean up work area and remove trash.	/		<i>70.4</i>

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.

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
TIME CLOCK, LIGHTING

SITE AND BLDG #:

PR 193

LOCATION/RM #:

WTS

WO# 8654

ASSET # 7352

MECHANIC

SIGNATURE:

DATE:

5/10/18

FINISH TIME:

1050

CHECKPOINT	CHECKPOINT DESCRIPTION	TASK COMPLETE:		NOTES/ACTIONS (IF TASK COMPLETE, 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. Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.		✓	
2	Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.	✓		PL
3	Check physical connections.	✓		PL
4	Verify the timeclock configuration, ensure proper operation.		✓	PL
	If applicable, check battery and replace as needed.		✓	PL

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:

2 PR PL Cell