

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: WU-041

Date of Visit: 5/2/19

Contractor Personnel on Site:

1. Scott Werry
2. Craig Bell
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. Boiler Inspection
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry

Date: 5/2/19

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: Julie L. Barr Date: 20190522

Signed: Julie L. Barr

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: WV 041

Date of Visit: 5/22/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Gertjen
3. Greg Bartzel

- 4.
- 5.
- 6.

Work Performed:

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

1. 8492 8683
2. 8649 8734
3. 8793
4. 8538

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Gertjen Date: 5-22-19

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: Julie L. Barr Date: 20190522

Signed: 

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

FacID/Building: WV 041

Date of Visit: 5/22/19

Contractor Personnel on Site:

1. Tony Gerasus
2. Jim Geertges
3. GARY BEITZEL

4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 8600
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertges Date: 5-22-19

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: Julia L. Barr Date: 20190522

Signed: Julia L Barr

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - ELECTRIC

SITE AND BLDG #: **WV 041-02**LOCATION/RM #: **CMS**WO# **8683**ASSET # **6885**

MECHANIC

SIGNATURE: DATE: **5/20/18**START TIME: **10:30**FINISH TIME: **10:45**

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

SITE AND BLDG #: WU 041-02LOCATION/RM #: OMS WO# 8683 ASSET # 7224MECHANIC
SIGNATURE: DATE: 5/22/18START TIME: 1045FINISH TIME: 1050

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETED		NOTES/ACTIONS (IF TASK COMPLETED 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.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Wash and clean pump. If pump is used in a dirty environment or is pumping something other than clear condensate water, the tank should be removed and cleaned.			
2	Pour enough water into the tank to activate the pump.			
3	Ensure that the pump is in proper working condition. Recommend repair or replacement as needed.			

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: