

CERTIFICATION OF WORK

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

FACID/Building: WU-041

Date of Visit: 5/21/19

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: 5/21/19

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: Julia L. Barr

Date: 20190522

Signed: Julia L Barr

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 Lazrus

2. Jim Gertjen

3. Greg Beitzel

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Work Performed:

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

1. 8492 8683

2. 8649 8734

3. 8793

4. 8536

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gertjen

Date: 5-22-19

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: Julia L. Ball

Date: 20190522

Signed: Julia L. Ball

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

FACTID/Building: WV 041

Date of Visit: 5/22/19

Contractor Personnel on Site:

1. Tony Czarus

2. Jim Geertgen

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 Geertgen

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: Julia L. Barr

Date: 20190522

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



# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOMESTIC HOT WATER HEATER - ELECTRIC

SITE AND BLDG #:

WV 041-02

LOCATION/RM #:

CMS

WO#

8683

ASSET #

6885

MECHANIC

SIGNATURE:

START TIME:

10:30

DATE:

5/20/19

FINISH TIME:

10:45

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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.			
SPECIAL INSTRUCTIONS				
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.			120 13.2 12.8
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.			NA
8	If applicable, Remove and inspect Anode, replace if necessary			NA
9	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 discription of the deficiency.

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST CONDENSATE PUMP

SITE AND BLDG #: WU 041 - 02MECHANIC  
SIGNATURE: DATE: 5/22/18LOCATION/RM #: OMS WO# 8683 ASSET # 7274START TIME: 1045FINISH TIME: 1050

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE CHECKED NO, PROVIDE EXPLANATION)
		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.		<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"/>	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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.	<input checked="" type="checkbox"/>		
2	Pour enough water into the tank to activate the pump.	<input checked="" type="checkbox"/>		
3	Ensure that the pump is in proper working condition. Recommend repair or replacement 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: General Maintenance Worker

Additional Notes: