

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: WU 053

Date of Visit: 8/23/19

Contractor Personnel on Site:

- |                       |          |
|-----------------------|----------|
| 1. <u>Tony Loran</u>  | 4. _____ |
| 2. <u>Scott Berry</u> | 5. _____ |
| 3. _____              | 6. _____ |

Work Performed:

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

- |                 |       |
|-----------------|-------|
| 1. <u>10216</u> | _____ |
| 2. <u>10434</u> | _____ |
| 3. <u>10229</u> | _____ |
| 4. <u>10465</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Loran

Date: 8/23/19

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: Aaron M. Crum WS-09

Date: 23 AUG 19

Signed: [Signature]

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

FACID/Building: WU 053

Date of Visit: 8/23/19

Contractor Personnel on Site:

- |                       |          |
|-----------------------|----------|
| 1. <u>Tony Gorman</u> | 4. _____ |
| 2. <u>Scott Werry</u> | 5. _____ |
| 3. _____              | 6. _____ |

Work Performed:

Other Recurring Services

- |                 |       |
|-----------------|-------|
| 1. <u>10346</u> | _____ |
| 2. _____        | _____ |
| 3. _____        | _____ |
| 4. _____        | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Gorman

Date: 8/23/19

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: Aaron M. Cronin WS-09

Date: 23 AUG 19

Signed: [Signature]

E-Mail: \_\_\_\_\_

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOMESTIC HOT WATER HEATER - ELECTRIC

SITE AND BLDG #:

WU 053-02

MECHANIC

SIGNATURE:

DATE:

2/23/18

LOCATION/RM #:

Balkin

WO# 10461

ASSET # 6882

START TIME:

8:15

FINISH TIME:

8:30

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.	✓		10.7 8.7
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.	N/A		
8	If applicable. Remove and inspect Anode, replace if necessary	N/A		
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 DOMESTIC HOT WATER HEATER - ELECTRIC

SITE AND BLDG #: W003-02

LOCATION/RM #: Regr WO# 1096r

ASSET # 2021

MECHANIC  
SIGNATURE: *[Signature]*

DATE: 8/22/18

START TIME: 8:30

FINISH TIME: 8:45

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.	N/A		
8	If applicable. Remove and inspect Anode, replace if necessary	N/A		
9	Clean up work area and remove trash.	✓		

15.9 16.1

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.

EC

Gulla

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST TIME CLOCK, LIGHTING

SITE AND BLDG #: 60053-001

LOCATION/RM #: Bldg

WO# 10665

ASSET # 2325

MECHANIC  
SIGNATURE: *[Signature]*

START TIME: 0800

DATE: 8/23/18

FINISH TIME: 0800

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		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 Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.

- 2 Check physical connections.

- 3 Verify the timeclock configuration, ensure proper operation.

- 4 If applicable, check battery and replace 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 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 TIME CLOCK, LIGHTING

SITE AND BLDG #: 60053-02

MECHANIC  
SIGNATURE: *[Signature]*

LOCATION/RM #: Garage WO# 10461

ASSET # 7336

START TIME: 6:50

DATE: 2/23/18

FINISH TIME: 8:21

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		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"/>	
1	Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Check physical connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Verify the timeclock configuration, ensure proper operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	If applicable, check battery and replace as needed.	<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 discription of the deficiency.  
To be performed by: General Maintenance Worker

Additional Notes: