

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

FAC ID Building: Riverdale MD020 Date of Visit: 11/5/18

Contractor Personnel on Site:

1. Patrick Donovan

4.

2.

5.

3.

6.

Work Performed:

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

8. LIST WO# 6355, 6388

9. Photocell, Water Heater, Air Handler Unit (filter change),
Dehumidifier

8.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan

Date: 11/6/18

Signed: [Signature]

To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name Rank: Clayton A. White, LTC Date: 20181105

Signed: [Signature]

E-Mail: clayton.a.white.mil@mail.mil

FILTER REPLACEMENT

MECHANIC SIGNATURE: [Signature] DATE: 10/10/12

START TIME:	9:30	FINISH TIME:	11:00
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[illegible]

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: **GMW Additional Notes:**

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DEHU/MIDIFIER

SITE AND BLDG #: Riversdale MD020MECHANIC SIGNATURE: [Signature] DATE: 11/5/18LOCATION/RM #: Vault WO# 6388 ASSET # 2080START TIME: 1045 FINISH TIME: 1200

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"/>	<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"/>	<u>Signed & dated Maintenance Record Tag</u>
1	Check water inlet and outlet for any leaks, repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>no leaks</u>
2	Clean and/or replace filter as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Good</u>
3	If applicable, check hours per usage, replace tank's as needed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>N/A</u>

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To be performed by: General Maintenance Worker

Additional Notes: