

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

FACID Building: *Riverdale MD020* Date of Visit: *11/5/18*

Contractor Personnel on Site:

Patrick Donovan

1. *Patrick Donovan*

2.

3.

4.

5.

6.

7.

Work Performed:

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

8. *LIST WORK 6355, 6388*

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

10.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: *Patrick Donovan*

Date: *11/6/18*

Signed: *Patrick Donovan*

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: *2018/10/5*

Signed: *Clayton A. White*

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

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: Riverfront 100

MECHANIC
SIGNATURE

DATE:

LOCATION/RM#: 12116 45-2003-20047020

START TIME

FINISH TIME: 11:00

12		20x20x2 (3 each)	12	20x20x2 (3 each)
1	Check, clean, and/or replace both internal and external filters as necessary.	✓		Filters Clean.
2	Label and Date Filter	✓		Done
3	Did YELLOW Maintenance Tag get Initiated	✓		Done
4	Did all High Asset Filters get Changed	✓		Done

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
DEHUMIDIFIER

SITE AND BLDG #: Riverdale MD020

LOCATION/RM #: Vanf **WO#** 6388 **ASSET #** 2080

START TIME: 1045 **FINISH TIME:** 115100

MECHANIC SIGNATURE: JAD Laces **DATE:** 11/5/18

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><i>Specified Maintenance Record Tag</i></u>		
1	Check water inlet and outlet for any leaks, repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>No leaks</i>
2	Clean and/or replace filter as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Clean</i>
3	If applicable, check hours per usage, replace tank(s) as needed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>NA No filter display</i>

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To be performed by: General Maintenance Worker

Additional Notes: