

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

Facility Building: Rockville MD021 Date of Visit: 11/7/18

Contractor Personnel on Site

Patrick Donovan

1

1

6

13

Work Performed:

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

LIST FROM 6356, 6389, 6357 + 6390
Ice makers, Refrigerators, Water Heaters, Air Handlers,
Condensing units, dehumidifier, furnace.

3

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick J. Donovan

Date: 11/7/98

Signed  John Doe

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: barcanosa, Maria SGT

Date: 2018/10/7

53

Rank: Ensign, IR Ranu Sgt


1100

maria.e.barcamosa.mil@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
OUTDOOR CONDENSING UNIT

SITE AND BLDG #: *Rockville MD 2081*

MECHANIC
SIGNATURE: *[Signature]* DATE: *14/2/18*

LOCATION/RM #: *see below Notes WO# 6389* ASSET # *see Notes*

START TIME: *9:00* FINISH TIME: *12:00*

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	Schedule outage of unit with personnel in area the unit serves.	<input checked="" type="checkbox"/>	
3	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"/>	<i>Refused & deleted Maint Record Tags</i>
4	If disposal of the equipment is required, follow regulations concerning removal of refrigerants and disposal of the unit.	<input checked="" type="checkbox"/>	
1	Remove debris from air screen and clean underneath unit.	<input checked="" type="checkbox"/>	<i>Clear</i>
2	Wash coil with coil cleaning solution - Rinse Thoroughly	<input checked="" type="checkbox"/>	<i>Cools Good</i>
3	Straighten fin tubes with fin comb, as needed.	<input checked="" type="checkbox"/>	<i>Good</i>
4	Check electrical connections for tightness.	<input checked="" type="checkbox"/>	<i>done</i>
5	Check mounting base for tightness.	<input checked="" type="checkbox"/>	<i>all good</i>
6	Inspect fans for bent blades, unbalance, excessive noise and vibrations.	<input checked="" type="checkbox"/>	<i>checked coils and Exterior of unit</i>
7	Inspect all piping for leaks and tighten loose connections.	<input checked="" type="checkbox"/>	<i>all good</i>
8	Check wires at condenser electrical fused safety switches for tightness and burned insulation. Repair as necessary.	<input checked="" type="checkbox"/>	<i>No leaks visible on any.</i>
9	Check supply air temperature to ensure unit is operating properly. If possible record room temperature.	<input checked="" type="checkbox"/>	<i>all good</i>
10	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<i>done all good #2103 Shut down for season</i>
11	Clean up work area.	<input checked="" type="checkbox"/>	<i>Clean</i>

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: HVAC Technician

Additional Notes:

Asset # 2100 - Storage Ra Cool
2102 - Return Cool

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

DEHUMIDIFIER

SITE AND BLDG #: Rockville MD 20811 **LOCATION/RM #:** Vault **WO#** 6389 **ASSET #** 211

MECHANIC SIGNATURE: D. Foster **DATE:** 11/6/18

START TIME: 12:30 **FINISH TIME:** 12:50

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED, NO PROVING 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"/>	
3				
1	Check water inlet and outlet for any leaks, repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Good fit no leaks</i>
2	Clean and/or replace filter as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>filter OK</i>
3	If applicable, check hours per usage, replace tank's as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>No hours display unit</i>

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: Rockville MD 20852

MECHANIC SIGNATURE:  DATE: 10/9/18

LOCATION/RM #: on Roof Ass't # 2101-110-6389

START TIME: 11:00 FINISH TIME: 12:30

Task	Description	Completed	Notes
1	Check, clean, and/or replace both internal and external filters as necessary.	✓	Replaced all filters
2	Label and Date Filter	✓	dated + Initiated
3	Did YIELD Maintenance Tag get Initiated	✓	inside unit, Initiated + dated
4	Did all High Asset Filters get Changed	✓	Done
2	16x20x4		
4	20x25x2		

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
FILTER REPLACEMENT

SITE AND BLDG #: Rockville MD 2081
LOCATION/RM #: Battle Hall Street #'s 2058 & 2059
START TIME: 10:00 DATE: 10/6/18
FINISH TIME: 10:45

MECHANIC
SIGNATURE: John Doe

Task	Description	Completed	Notes
1	Check, clean, and/or replace both internal and external filters as necessary.	✓	Untagged
2	Label and Date Filter	✓	Untagged & initialed
3	Did YELLOW Maintenance Tag get Initiated	✓	Untagged & initialed
4	Did all High Asset Filters get Changed	✓	They were Clean never used
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