

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

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

Contractor Personnel on Site:

1	<u>Patrick Donovan</u>	4.
2		5.
3		6.

Work Performed:

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

- 1 LIST WORK 6356, 6389, 6357 + 6390
- 2 Ice maker, Refrigerators, Water Heaters, Air Handlers,
- 3 Condensing units, dehumidifier, Furnace.
- 4
- 5
- 6
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- 8

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan

Date: 11/7/18

Signed: 

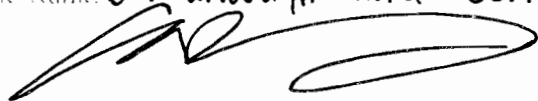
To be signed by Facility Manager or Government Official

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: Baricamosa, Maria SGT

Date: 20181107

Signed



E-Mail: maria.e.bariamosa.mil@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST OUTDOOR CONDENSING UNIT

SITE AND BLDG #: Rockville MD021
LOCATION/RM #: Sec 1 Water # 6389 ASSET # Sealates

MECHANIC SIGNATURE: [Signature] DATE: 11/2/18
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"/>			
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"/>			<u>Clean</u>
2	Wash coil with coil cleaning solution - Rinse Thoroughly	<input checked="" type="checkbox"/>			<u>Coils Good</u>
3	Straighten fin tubes with fin comb, as needed.	<input checked="" type="checkbox"/>			<u>Good</u>
4	Check electrical connections for tightness.	<input checked="" type="checkbox"/>			<u>Good</u>
5	Check mounting base for tightness.	<input checked="" type="checkbox"/>			<u>all good</u>
6	Inspect fans for bent blades, unbalance, excessive noise and vibrations.	<input checked="" type="checkbox"/>			<u>all good</u>
7	Inspect all piping for leaks and tighten loose connections.	<input checked="" type="checkbox"/>			<u>all good</u>
8	Check wires at condenser electrical fused safety switches for tightness and burned insulation. Repair as necessary.	<input checked="" type="checkbox"/>			<u>all good</u>
9	Check supply air temperature to ensure unit is operating properly. If possible record room temperature.	<input checked="" type="checkbox"/>			<u>all good</u>
10	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>			<u>all good</u>
11	Clean up work area.	<input checked="" type="checkbox"/>			<u>Good</u>

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 Rm Good
" " # 2102-Kitchen Good

Asset # 2103-Exterior Shut down for Season
" " 2104-Exterior Good

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DEHUMIDIFIER

SITE AND BLDG #:

Rockville MP0021

MECHANIC
SIGNATURE:


DATE:

11/6/18

LOCATION/RM #:

Joult WO# 6389

ASSET # 2111

START TIME:

12:30

FINISH TIME:

12:50

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"/>		
1	Check water inlet and outlet for any leaks, repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Good/no leaks
2	Clean and/or replace filter as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Filter OK
3	If applicable, check hours per usage, replace tanks as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		No hours display unit

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To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST FILTER REPLACEMENT

SITE AND BLDG #: Rockville MD 2081

MECHANIC SIGNATURE: [Signature] DATE: 10/9/18

LOCATION/RM #: on Roof ~~Assd~~ 2101 W.O. 6387

START TIME: 11:00 FINISH TIME: 12:20

ITEM #	DESCRIPTION	COMPLETED		NOTES/ACTIONS
		YES	NO	
1	Check, clean, and/or replace both internal and external filters as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Label and Date Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Did VEHLOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Did all High Asset Filters get Changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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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 20821 MECHANIC SIGNATURE: [Signature] DATE: 10/9/18
 LOCATION/RM #: Battle Hall Asset #'s 2098 & 2099 START TIME: 10:00 FINISH TIME: 10:45

CHECK NO.	DEFICIENCY DESCRIPTION	TASK COMPLETION		NOTES/ACTIONS
		YES	NO	
1	Check, clean, and/or replace both internal and external filters as necessary.	<input checked="" type="checkbox"/>		initialed
2	Label and Date Filter	<input checked="" type="checkbox"/>		initialed + initialed
3	Did YELLOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>		initialed + initialed
4	Did all High Asset Filters get Changed	<input checked="" type="checkbox"/>		They were Clean/never used
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