

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE007 Date of Visit: 03/25/22

Contractor Personnel on Site:

1. _____	3. _____
2. _____	4. _____

Work Performed:

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

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 03/25/22

Signed: Johnny W Brown

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: J Lamontagne Date: 03/25/22

Signed: J Lamontagne

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EXPANSION TANKS

SITE AND BLDG #: DE007 B-4MECHANIC
SIGNATURE: DATE: 03/25/22LOCATION/RM #: WO# 16729OY4-023-025, 194, 195
ASSET #START TIME: 0900FINISH TIME: 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed.	✓		
2	If applicable, Check sight glass, insure level is between 1/2 and 3/4 sight glass. Correct as needed.	✓		
3	If applicable, check tank pressure via schrader valve. Correct 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 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
GLYCOL TANK

SITE AND BLDG #: DE007 B-4

LOCATION/RM #: WO# 16729 ASSET # 0Y4-195

MECHANIC
SIGNATURE:

DATE: 03/25/22

START TIME: 0900

FINISH TIME: 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Examine exterior of tank, including fittings, gauges, structural supports, manholes, and handholes for leaks, signs of corrosion, or other defects.	✓		
2	Clean, test and inspect sight glasses, valves, fittings, drains, and controls.	✓		
3	Check condition of agitators and/or float assemblies.	✓		
4	If applicable, clean strainer(s).	✓		
5	Clean up work site.- Report any issues	✓		

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:

checked the operation of the chemical feeders