

**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
CHEMICAL BYPASS/POT FEEDER

SITE AND BLDG #: DE007 B-4

MECHANIC
SIGNATURE:

DATE: 03/25/22

LOCATION/RM #: WO# 16732 ASSET # 0Y4-207, 208 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 | Check physical condition of feeder. Clean and/or repair as needed. | ✓ | | |
| 2 | Check valves for proper operation. Ensure no leaks are present and repair 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
COOLING TOWER

SITE AND BLDG #: DE007 B-4

MECHANIC
SIGNATURE:

DATE: 03/25/22

LOCATION/RM #: WO# 16732 ASSET # 0Y4-019 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 | | | | |
| Cooling Tower | | | | |
| 1 | Inspect Tower VFD - Record any display alarms | ✓ | | |
| 2 | Clean cooling tower fills -Honeycomb appearance | ✓ | | |
| 3 | Inspect sump water level controls - level float or level sensor | ✓ | | |
| 4 | Check electrical wiring and tighten loose connections. Check fused disconnect switches for condition and operation, contactors -VFD for Fan | ✓ | | |
| 5 | Check Fan motor mounting for tightness. | ✓ | | |
| 6 | Inspect fan drive belts -adjust or replace as needed -1/2" belt deflection | ✓ | | |
| 7 | Check fan or blower for bent or damaged blades and imbalance. | ✓ | | |
| 8 | Lubricate shaft and motor bearings on fans and remove old or excess lubricant, if applicable. | ✓ | | |
| 9 | Inspect pulleys, belts, couplings, etc.; adjust tension and tighten mountings as necessary. Change badly worn belts. Multi-belt drives should be replaced with matched sets. | ✓ | | |
| 10 | Drain -Flush and clean sump pan for tower -Refill sump after cleaning is completed - | ✓ | | |
| 11 | Inspect plumbing, valves and flanges for leaks and correct as needed. | ✓ | | |
| 12 | Redord AMP draw for Main drive fan motor | ✓ | L1 | L2 |
| 13 | Record AMP draw for Sump to top of tower circulation pump | ✓ | L1 | L2 |
| 14 | Check bearings for vibrations or unusual noises. | ✓ | | L3 |
| 15 | Inspect contactors for Fan motor and sump Motor | ✓ | | |
| 16 | Report any rust or corrosion issues -Open CM | ✓ | | |

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|-------------|---|---------------|----|---|
| | | YES | NO | |
| 17 | Inspect heat trace system on cooling tower line sets -IF applicable | ✓ | | |
| 18 | Confirm Chemical water treatment system is operating properly | ✓ | | Located in main plant -Checked monthly by Bond Water Treatment |
| 19 | Record tower water conductivity level from controller in plant | ✓ | | |
| 20 | Report and deficiencies and open a CM | ✓ | | |

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: