

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: Pa051-19402 Date of Visit: 12-21-18

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>Dominic Stango</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | | |
|---------------------------|-------|
| 1. <u>WO#s 6590, 6704</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Inspection, Testing, and Certification

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Other Recurring Services

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Service Calls -- Service Call Number and Description

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dominic Stango Date: 12-20-18

Signed: Dominic N. Stango

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: AL. MGLINSKY Date: 12-20-18

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST UNIT HEATER, ELECTRIC

SITE AND BLDG #: Pa051-19402

MECHANIC
SIGNATURE: 

DATE: 12-21-18

LOCATION/RM #: Bath room WO# 6764 ASSET # 4206

START TIME: 10

FINISH TIME: 16:05

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE, IS CHECKED NO. PROXY IDENTIFICATION) |
|---|--|---------------|----|---|
| | | YES | NO | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 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. | | | |
| 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. | | | |
| 1 | Check heater coils and associated piping for leaks or corrosion. | | | |
| 2 | Clean heating coil. Brush vacuum where accessible. | | | |
| 3 | Inspect wiring and electrical controls for loose connections, charred, frayed or broken insulation, evidence of short circuiting, wrong size fuses, circuit breakers, or switches, and other electrical deficiencies. Tighten any loose connections. | | | |
| 4 | Inspect fan for bent blades, unbalance, excessive noise and vibration. | | | |
| 5 | Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings. | | | |
| 6 | Verify proper control by modulating the thermostat through complete cycle. | | | |
| 7 | Inspect unit for proper operation. | | | |
| 8 | Inspect unit for overall condition and recommend for replacement or other needed repairs. | | | |

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: