

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: Pa052-02 Date of Visit: 12-17-18

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# <del>6595, 6728</del> 6595, 6728</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 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, HOT WATER

SITE AND BLDG #: 6052-02

MECHANIC  
SIGNATURE: 

DATE: 12-17-18

LOCATION/RM #: bag 1 WO# 6728 ASSET # 4571

START TIME: 10:45

FINISH TIME: 10:50

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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	Schedule shutdown with operating personnel.	✓		
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.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check valve for full stroke operation in both directions, if applicable.	✓		
2	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	✓		
3	Clean the coil with vacuum cleaner.	✓		
4	Comb the fins as needed.	✓		
5	Clean all fans and motors.	✓		
6	Check operation of controls and safeties.	✓		
7	Lubricate as required.	✓		
8	Check all motors, belts, pulleys, shafts, etc. for alignment.	✓		

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 UNIT HEATER, HOT WATER

SITE AND BLDG #: P0052-02

MECHANIC  
SIGNATURE: [Signature]

DATE: 12-17-18

LOCATION/RM #: bag 1 WO# 6728 ASSET # 4536

START TIME: 10:10

FINISH TIME: 10:15

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 to.	<input checked="" type="checkbox"/>		
2	Schedule shutdown with operating personnel.	<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"/>		
TO BE PERFORMED ON EACH INSPECTION SERVICE				
1	Check valve for full stroke operation in both directions, if applicable.	<input checked="" type="checkbox"/>		
2	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	<input checked="" type="checkbox"/>		
3	Clean the coil with vacuum cleaner.	<input checked="" type="checkbox"/>		
4	Comb the fins as needed.	<input checked="" type="checkbox"/>		
5	Clean all fans and motors.	<input checked="" type="checkbox"/>		
6	Check operation of controls and safeties.	<input checked="" type="checkbox"/>		
7	Lubricate as required.	<input checked="" type="checkbox"/>		
8	Check all motors, belts, pulleys, shafts, etc. for alignment.	<input checked="" type="checkbox"/>		

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 UNIT HEATER, HOT WATER

SITE AND BLDG #: Pa 052-02

MECHANIC  
SIGNATURE: 

DATE: 12-17-18

LOCATION/RM #: Office WO# 6728 ASSET # 4452

START TIME: 10

FINISH TIME: 10:05

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS  (If task complete is checked, no provide explanation)
		YES	NO	
SPECIAL INSTRUCTIONS				
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	Schedule shutdown with operating personnel.	✓		
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.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check valve for full stroke operation in both directions, if applicable.	✓		
2	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	✓		
3	Clean the coil with vacuum cleaner.	✓		
4	Comb the fins as needed.	✓		
5	Clean all fans and motors.	✓		
6	Check operation of controls and safeties.	✓		
7	Lubricate as required.	✓		
8	Check all motors, belts, pulleys, shafts, etc. for alignment.	✓		

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: