

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: Pa 053-01 Date of Visit: 12-14-18

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>WOT# 6530, 6707</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**

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**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, HOT WATER

SITE AND BLDG #: P0053-01MECHANIC  
SIGNATURE: DATE: 12-14-18LOCATION/RM #: 118 WO# 6707 ASSET # 4424START TIME: 1FINISH TIME: 1:05

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED, NO. PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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"/>		
<b>NO BEARING OR LUBRICANT INSPECTION SERVICE</b>				
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 #: Pa0501

MECHANIC  
SIGNATURE: 

DATE: 12-14-18

LOCATION/RM #: 107 WO# 6707 ASSET # 4391

START TIME: 12:35

FINISH TIME: 12:40

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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"/>		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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 #: PO053-01

MECHANIC SIGNATURE: 

DATE: 12-14-18

LOCATION/RM #: boiler WO# 6707 ASSET # 4390

START TIME: 12:30

FINISH TIME: 12:35

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"/>		
<b>NO RECOMMENDED AT EACH INSPECTION SERVICE</b>				
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, ELECTRIC

SITE AND BLDG #: Pa05B-01MECHANIC  
SIGNATURE: DATE: 12-14-18LOCATION/RM #: Boiler WO# 6707 ASSET # 4221START TIME: 2FINISH TIME: 2:05

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES / ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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	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"/>		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check heater coils and associated piping for leaks or corrosion.	<input checked="" type="checkbox"/>		
2	Clean heating coil. Brush vacuum where accessible.	<input checked="" type="checkbox"/>		
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.	<input checked="" type="checkbox"/>		
4	Inspect fan for bent blades, unbalance, excessive noise and vibration.	<input checked="" type="checkbox"/>		
5	Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings.	<input checked="" type="checkbox"/>		
6	Verify proper control by modulating the thermostat through complete cycle.	<input checked="" type="checkbox"/>		
7	Inspect unit for proper operation.	<input checked="" type="checkbox"/>		
8	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<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: HVAC Technician  
Additional Notes: