

### CERTIFICATION OF WORK

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

FACID/Building: PA66

Date of Visit: 12-21-18 - 12-19, 12-18

Contractor Personnel on Site:

- |                     |          |
|---------------------|----------|
| 1. <u>Kan Kaise</u> | 4. _____ |
| 2. _____            | 5. _____ |
| 3. _____            | 6. _____ |

Work Performed: December 2018 Preventative maintenance,

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

- |                                       |
|---------------------------------------|
| 1. <u>WPH 6535, 6653, 6540, 6607,</u> |
| 2. <u>6678, 6712 6698</u>             |
| 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: Ken Kaizer Date: 12-21-18

Signed: [Signature]

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: TIMOTHY S PETERS Date: 21 DEC 18

Signed: [Signature]

E-Mail: \_\_\_\_\_

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST CIRCULATING AND BOOSTER PUMPS

SITE AND BLDG #:

PA/66-02

MECHANIC  
SIGNATURE:


DATE: 12-19-18

LOCATION/RM #:

WO# 6547 ASSET # 4919

START TIME:

FINISH TIME:

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	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"/>		
3	It is generally not a good idea to tamper with pumps using mechanical seals if they are otherwise performing properly. Since mechanical seals can cost as much as the pump, it is usually not cost effective to risk damaging the seal by performing an annual internal inspection of the pump.	<input checked="" type="checkbox"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Lubricate pump and motor bearings as per manufacturer's specifications. Bearings require lubrication atleast annually.	<input checked="" type="checkbox"/>		
2	Inspect couplings and check for any pump seal leaks.	<input checked="" type="checkbox"/>		
3	Check motor mounts and vibration pads	<input checked="" type="checkbox"/>		
4	Tighten all pump flanges.	<input checked="" type="checkbox"/>		
5	Visually check pump alignment and coupling	<input checked="" type="checkbox"/>		
6	Inspect electrical connections	<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** **CIRCULATING AND BOOSTER PUMPS**

SITE AND BLDG #: PA-66-02

MECHANIC  
SIGNATURE: 

DATE: 12-19-18

LOCATION/RM #: WO# 6540 ASSET # 4901

START TIME:

FINISH TIME:

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	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"/>		
3	It is generally not a good idea to tamper with pumps using mechanical seals if they are otherwise performing properly. Since mechanical seals can cost as much as the pump, it is usually not cost effective to risk damaging the seal by performing an annual internal inspection of the pump.	<input checked="" type="checkbox"/>		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Lubricate pump and motor bearings as per manufacturer's specifications. Bearings require lubrication atleast annually.	<input checked="" type="checkbox"/>		
2	Inspect couplings and check for any pump seal leaks.	<input checked="" type="checkbox"/>		
3	Check motor mounts and vibration pads	<input checked="" type="checkbox"/>		
4	Tighten all pump flanges.	<input checked="" type="checkbox"/>		
5	Visually check pump alignment and coupling	<input checked="" type="checkbox"/>		
6	Inspect electrical connections	<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: