

### 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** UNIT HEATER, HOT WATER

SITE AND BLDG #:

94166

MECHANIC  
SIGNATURE:

M. K. G. R.

DATE:

12/11/18

LOCATION/RM #:

WO# 6678 ASSET # 4322

START TIME:

FINISH TIME:

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.	<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 AT 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 #:

*P1164*MECHANIC  
SIGNATURE:*Ken Hais*

DATE:

*12/19/18*

LOCATION/RM #:

*WO#6678 ASSET #4588*

START TIME:

FINISH TIME:

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		SPECIAL INSTRUCTIONS	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>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, ELECTRIC

SITE AND BLDG #: P4166502MECHANIC  
SIGNATURE: [Signature]DATE: 12/14/18LOCATION/RM #: WO# 6676 ASSET # 4280

START TIME: \_\_\_\_\_

FINISH TIME: \_\_\_\_\_

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.	<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"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
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:

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** UNIT HEATER, ELECTRIC

SITE AND BLDG #:

PA166-02

MECHANIC  
SIGNATURE:


DATE:

12-19-18

LOCATION/RM #:

WO# 6678

ASSET # 4214

START TIME:

FINISH TIME:

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.	<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"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
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.

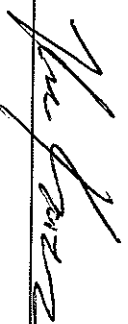
To be performed by: HVAC Technician

Additional Notes:

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** UNIT HEATER, ELECTRIC

SITE AND BLDG #:

PH166-02

MECHANIC  
SIGNATURE:


DATE: 12-19-18

LOCATION/RM #:

WO# 6678 ASSET # 4161

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"/>	<input 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"/>	<input 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"/>	<input type="checkbox"/>	
2	Clean heating coil. Brush vacuum where accessible.	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	
4	Inspect fan for bent blades, unbalance, excessive noise and vibration.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Verify proper control by modulating the thermostat through complete cycle.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Inspect unit for proper operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input 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:

*Need new heat control module for unit*

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST UNIT HEATER, ELECTRIC

SITE AND BLDG #: PHLC-02MECHANIC  
SIGNATURE: [Signature]DATE: 12-14-18LOCATION/RM #: Explores WO# 6675 ASSET # 4140

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"/>	<input 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"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check heater coils and associated piping for leaks or corrosion.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Clean heating coil. Brush vacuum where accessible.	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	
4	Inspect fan for bent blades, unbalance, excessive noise and vibration.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Verify proper control by modulating the thermostat through complete cycle.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Inspect unit for proper operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input 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:



# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** UNIT HEATER, ELECTRIC

SITE AND BLDG #: PA16-08MECHANIC SIGNATURE: Ken Harris DATE: \_\_\_\_\_LOCATION/RM #: \_\_\_\_\_ WO# 6678 ASSET # 41279

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"/>		
<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:

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** UNIT HEATER, ELECTRIC

SITE AND BLDG #: P416-02MECHANIC  
SIGNATURE: [Signature]

DATE:

LOCATION/RM #: WO# 6678 ASSET # 4278

START TIME:

FINISH TIME:

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.	<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"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
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:

### 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: \_\_\_\_\_