

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ken Kaizer Date: 12-21-18

Signed: 

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: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST UNIT HEATER, HOT WATER

SITE AND BLDG #:

Pulley

MECHANIC
SIGNATURE:

Ken Hansen

DATE:

12/14/18

LOCATION/RM #:

WO# 6712 ASSET # 4253

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	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: