

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

FACID/Building: Pc 050

Date of Visit: 2/11/19

Contractor Personnel on Site:

1. TONY LYZERUS
2. Jim Geertgens
3. Scott Werry

- 4.
- 5.
- 6.

Work Performed:

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

1. 7353
2. 7414
- 3.
- 4.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 2-11-19

Signed: 

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: Steve Davis G809 Date: 20190211

Signed: 

E-Mail:

OTHER RECURRING SERVICES CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FacID/Building: Pr 050 Date of Visit: 2/11/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Geertgens
3. Scott Wern
4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 7033
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 2-11-19

Signed: Jim Geertgens

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: Steve Davis GS 09 Date: 20190211

Signed: Steve Davis

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
TIME CLOCK, LIGHTING

SITE AND BLDG #: Pro 000-02

LOCATION/RM #: WO# 2414 ASSET # 7327

MECHANIC
SIGNATURE:

DATE:

START TIME: 6:45 AM

FINISH TIME: 7:00 AM

2/11/19

| CHECKPOINT | 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. /
- 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. /
- 1 Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up. /
- 2 Check physical connections. /
- 3 Verify the timeclock configuration, ensure proper operation. /
- 4 If applicable, check battery and replace as needed. /

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For 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:

Photo Cell

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - ELECTRIC

SITE AND BLDG #:

P200-02

6987

LOCATION/RM #:

005

WO# 7414

ASSET # 6987

MECHANIC
SIGNATURE:

START TIME:


9:00

DATE:

2/11/18

FINISH TIME:

9:15

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE YES | TASK COMPLETE NO | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|-------------|--|----------------------|---------------------|---|
| 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 | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. | / | | |
| 1 | Attach drain hose. Drain several gallons from tank to remove | / | | |
| 2 | Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge. | / | | |
| 3 | Check all connections - electric and water. Tighten as necessary. Ensure power is disconnected to electric heaters | / | | |
| 4 | Check operation/ setting of aquastat. Check hot water temperature with dial thermometer, set aquastat at minimum | / | | |
| 5 | Check amperage draw of upper and lower elements and compare to name plate data. | / | | |
| 6 | Clean element contacts, and check for proper closing under load. | / | | |
| 7 | Clean pump, controls, switches, and starters. Check condition of pump seal or packing, and replace as required. | / | | |
| 8 | If applicable, Remove and inspect Anode, replace if necessary | | / | N/A N/A |
| 9 | Clean up work area and remove trash. | / | | |

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.