

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: A9051-19402 Date of Visit: 2-22

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>WO# 7443</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: 2-22

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 McGlinchy Date: 2-22

Signed: [Signature]

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

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **DOMESTIC HOT WATER HEATER - GAS**

SITE AND BLDG #: PO55-19402MECHANIC  
SIGNATURE: DATE: 2-22LOCATION/RM #: 1044 WO# 7443 ASSET # 7083START TIME: 10:30FINISH TIME: 10:45

CHECK POINT	CHECKPOINT DESCRIPTION	SPECIAL INSTRUCTIONS	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	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.		<input checked="" type="checkbox"/>		
4	Do not allow any open flames around equipment.		<input checked="" type="checkbox"/>		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>					
1	Attach drain hose. Drain several gallons from tank to remove sediment.		<input checked="" type="checkbox"/>		
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.		<input checked="" type="checkbox"/>		
3	Check all connections - electric, gas and water. Tighten as necessary.		<input checked="" type="checkbox"/>		
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses.		<input checked="" type="checkbox"/>		
5	Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.		<input checked="" type="checkbox"/>		
6	Clean sight glasses on tanks.		<input checked="" type="checkbox"/>		
7	Clean strainer, check condition of traps. Report and repair leaks.		<input checked="" type="checkbox"/>		
8	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.		<input checked="" type="checkbox"/>		
9	If applicable, Remove and inspect Anode, replace if necessary		<input checked="" type="checkbox"/>		
10	Clean up work area and remove trash.		<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:**