

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: Pal66-6B Date of Visit: 2-27-19

Contractor Personnel on Site:

- |                          |          |
|--------------------------|----------|
| 1. <u>Dominic Stango</u> | 3. _____ |
| 2. _____                 | 4. _____ |

**Work Performed:**

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

1. WO# 7346
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

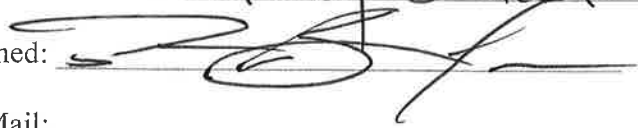
Print Name: Dominic Stango Date: 2-27-19

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: Randy Baker Date: 2-27-19

Signed: 

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

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **REACH-IN REFRIGERATORS/ FREEZERS**

**ACTIVITY AND BLDG #:** Pa 166-6B

**MECHANIC SIGNATURE:** 

**DATE:** 2-27-19

**LOCATION:** backroom W00# 7346 Asset 6786

**START TIME:** 10

**FINISH TIME:** 10:45

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
1	Review manufacturer's instructions.	✓		
2	Notify cafeteria operator and get permission prior to performing all maintenance.	✓		
3	If any safety deficiencies are found which could cause injury or damage, notify the cafeteria operator immediately and secure the equipment from further operations.	✓		
4	De-energize, lock out, and tag electrical circuits.	✓		
5	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	✓		
6	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	✓		
7	Closely follow all safety procedures described in the Safety Data Sheet (SDS) for the refrigerant and to all labels on refrigerant containers.	✓		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	✓		
2	Verify indicator light on; check compartment temperature.	✓		
3	Examine evaporator for proper clearances/slope and air flow.	✓		
4	Examine handles, hinges and tightness of door closure.	✓		
5	Examine safety door release and fan shut down safety switch.	✓		
6	Inspect lighting for burnt out lamps.	✓		
7	Check starter panels and controls for proper operation, burned or loose contacts, and loose connections.	✓		
8	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	✓		
9	Clean condenser coil and condensing unit section.	✓		
10	Clean and inspect defrost evaporation trays/pans.	✓		

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
11	Inspect defrost systems for proper operation, including timer; adjust as required. Have automatic defrosters adjusted as required so freezer will defrost during "Off Peak" hours	✓		
12	Check operation of thermostats; calibrated as required.	✓		
13	Check coil superheat and adjust to manufacturers recommendations.	✓		
14	Inspect and service all electric motors.	✓		
15	Inspect door gaskets for damage and proper fit; adjust gaskets as required and lubricate hinges with food grade oil.	✓		
16	Check door gasket heater.	✓		
17	Check box floor for water or ice accumulation.	✓		
18	Check box for excessive ice build-up and open seams.	✓		

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

Checklist compiled in accordance with:

- General Services Administration (GSA) Public Building Service, 2012. *Public Buildings Maintenance Standards Final*. October 1.
- Original equipment manufacturers (OEM) documentation for exact or similar assets, which can be located at ([Provide Link to OEM Manual/Asset Library](#))

**Additional Notes:**

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

SITE AND BLDG #: Pa 166-6B

MECHANIC SIGNATURE: 

DATE: 2-27

LOCATION/RM #: back room WO# 7346 ASSET # 6969

START TIME: 9:15

FINISH TIME: 9:50

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	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"/>	NA
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"/>	NA
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.