

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: Pal93 Date of Visit: 2-15

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Dominic Stang</u> | 4. _____ |
| 2. _____                | 5. _____ |
| 3. _____                | 6. _____ |

Work Performed:

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

- |  |
|--|
| 1. <u>Asset numbers 6939, 6932, 6953</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** **ICE MAKER**

SITE AND BLDG #: Rd 193MECHANIC  
SIGNATURE: DATE: 2-15-19LOCATION/RM #: Hallway WO#

ASSET #

START TIME: 8FINISH TIME: 12

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Review manufacturer's instructions.	✓		
2	De-energize, lock out, and tag electrical circuits.	✓		
3	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	✓		
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	✓		
5	Only approved cleaning chemicals shall be used.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	✓		
2	Visually check for refrigerant, oil and water leaks.	✓		
3	Inspect ice condition/size.	✓		
4	As needed, drain and clean unit with proper ice machine cleaning solution.	✓		
5	Check date on water filter. Replace as needed. Water filters should be changed annually at a minimum.	✓		
6	Check and tighten any loose screw-type electrical connections.	✓		
7	Check all controls; adjust if necessary.	✓		
8	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	✓		
9	Check and clear ice machine draining system (drain vent, strainer, trap).	✓		
10	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	✓		
11	Clean motor, compressor, and condenser coil.	✓		

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** **DOMESTIC HOT WATER HEATER - GAS**

 SITE AND BLDG # Pa193

 MECHANIC  
 SIGNATURE: 

 DATE: 2-21

 LOCATION/RM #: Mech WO# ASSET # 6932

 START TIME: 8:05

 FINISH TIME: 3:15

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

SITE AND BLDG #: Pa193MECHANIC SIGNATURE: DATE: 2-21LOCATION/RM #: Mech WO#ASSET # 6980START TIME: 2:45FINISH TIME: 3

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"/>		
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:

1 heating element, control, & fuses still need replaced