

CERTIFICATION OF WORK

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

FACID/Building: WU038

Date of Visit: 2/4/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Gertgens
3. Scott Weedy

4. _____
5. _____
6. _____

Work Performed:

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

1. 7350
2. 7440
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gertgens

Date: 2-4-19

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: _____

Date: _____

Signed: _____

all Personnel at Base to
give us access on Sign

E-Mail: _____

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

FACTID/Building: WV038-01

Date of Visit: 2/4/19

Contractor Personnel on Site:

1. Tony Luzzus
2. J.M. Gearty
3. Scott Werry

4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

7310

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Beckgens

Date: 2-4-19

Signed: [Signature]

To be signed by Facility Manager:

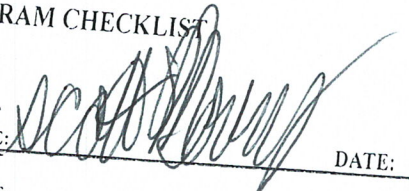
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: _____ Date: _____

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST ICE MAKER

SITE AND BLDG #: W0038-01LOCATION/RM #: Kitchen WO# 7350 ASSET # 6797MECHANIC
SIGNATURE: DATE: 2/4/19

START TIME:

FINISH TIME:

CHECK POINT	DESCRIPTION	COMPLETION		REMARKS/EXPLANATIONS
		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:

1 R

No Access Call Nor PM

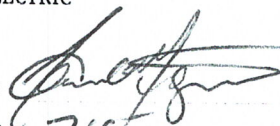
PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - ELECTRIC

SITE AND BLDG #:

WU038-01

MECHANIC

SIGNATURE:



DATE:

2/4/18

LOCATION/RM #:

Byler WO# 735

ASSET # 6570

START TIME:

715

FINISH TIME:

730

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.	/		
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	NA		
5	Check amperage draw of upper and lower elements and compare to name plate data.	/		15.0
6	Clean element contacts, and check for proper closing under load.	/		15.0
7	Clean pump, controls, switches, and starters. Check condition of pump seal or packing, and replace as required.	NA		
8	If applicable, Remove and inspect Anode, replace if necessary	NA		
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 discription of the deficiency.