

CERTIFICATION OF WORK

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

FACID/Building: WV041

Date of Visit: 2/26/19

Contractor Personnel on Site:

1. Tony Lozano

2. Jim Geertgens

3. Scott Worry

4. _____

5. _____

6. _____

Work Performed:

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

1. 7386

2. 7421

3. _____

4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 2-26-19

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: KomaniaK, Matthew SGT

Date: 26 Feb 2019

Signed: _____

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

FACID/Building: WV041 - 02

Date of Visit: 2/26/19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Tony Green</u> | 4. _____ |
| 2. <u>Jim Geertgens</u> | 5. _____ |
| 3. <u>Scott Werry</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>7337</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 2-26-19

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: SGT Komonika, Matthew Date: 26 Feb 2019

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - ELECTRIC

SITE AND BLDG #: WU041 - 02

MECHANIC
SIGNATURE: *[Signature]*

DATE: 2/26/19

LOCATION/RM #: OMS WO# 7421

ASSET # 698r

START TIME: 1015

FINISH TIME: 1030

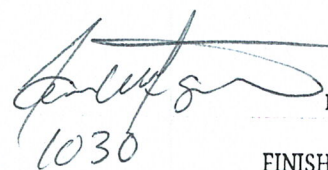
| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----|-------------------------------------------------------------------------|
| | | 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 | | N/A | |
| 5 | Check amperage draw of upper and lower elements and compare to name plate data. | / | | 16.0 |
| 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. | | N/A | |
| 8 | If applicable, Remove and inspect Anode, replace if necessary | | 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.

19 *[Signature]*

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST CONDENSATE PUMP

SITE AND BLDG #: WV 041 -02

MECHANIC
SIGNATURE: 

DATE: 2/26/19

LOCATION/RM #: Bms 2 WO# 7421 ASSET # 7274

START TIME: 1030

FINISH TIME: 1045

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|-------------------------------------------------------------------------|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 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. | | / | |
| TO BE PERFORMED AT THE DISCRETION OF THE | | | | |
| 1 | Wash and clean pump. If pump is used in a dirty environment or is pumping something other than clear condensate water, the tank should be removed and cleaned. | / | | |
| 2 | Pour enough water into the tank to activate the pump. | / | | |
| 3 | Ensure that the pump is in proper working condition. Recommend repair or replacement 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 discription of the deficiency.
To be performed by: General Maintenance Worker

Additional Notes: