

CERTIFICATION OF WORK

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

FACID/Building: Garthersburg MD013 Date of Visit: 9/5/19

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

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

1. 10267, 10301, 10327, 10565, 10258, 10302, 10328, 10566
Mini Splits, Grease Trap, Pumps, Radiators, Unit Heaters, Condensing Units, Vehicle Exhaust

Service Calls - Service Call Number and Description

1. CSS# _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 9/5/19

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: TARA STLAURENT Date: 05 Sep 19

Signed: 

E-Mail: Tara.F.Stlaurent.civ@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST UNIT HEATER, HOT WATER

SITE AND BLDG #: Carthensburg MD 2013

MECHANIC SIGNATURE: [Signature] DATE: _____

LOCATION/RM #: _____ WO# 10327 ASSET # see notes

START TIME: 12:25 FINISH TIME: 1:30

CHECK POINT	CHECK POINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS
		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"/>	<input type="checkbox"/>	
2	Schedule shutdown with operating personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	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"/>	<input type="checkbox"/>	
PO DEFICIENCIES				
1	Check valve for full stroke operation in both directions, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
2	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no leaks visible
3	Clean the coil with vacuum cleaner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	good
4	Comb the fins as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	good
5	Clean all fans and motors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
6	Check operation of controls and safeties.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
7	Lubricate as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done/good
8	Check all motors, belts, pulleys, shafts, etc. for alignment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all good

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

Asset #s

1990 A - Storage Logs ✓
1990 B - " " ✓
1990 C - " " ✓
1990 D - " " ✓
1990 E - " " ✓
1990 F - " " ✓

#1991 - ~~done~~ K. Gibson ✓