

CERTIFICATION OF WORK

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

FACID/Building: Gaithersburg MD013 Date of Visit: 9/6/19

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

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

1. 10257, 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: 9/6/19

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: TARA STLAURENT Date: 05 Sep 19

Signed: [Signature]

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

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **UNIT HEATER, INFRARED, RADIANT, GAS**

SITE AND BLDG #: Gaithersburg MD 2013
 LOCATION/RM #: BLDG # 2 WO# 103385 ASSET # 2013+2014
 MECHANIC SIGNATURE: [Signature] DATE: 9/3/19
 START TIME: 9:55 FINISH TIME: 11:00

NO.	DESCRIPTION	YES	NO	REMARKS
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"/>		
1	For gas/oil heaters: 1. Remove access panels if applicable. 2. Check the fire box liner or refractory for cracks and leaks. 3. Check all gas lines for leaks. Repair as needed.	<input checked="" type="checkbox"/>		<u>None / good</u>
2	Clean dirt from heater, vacuuming is preferred.	<input checked="" type="checkbox"/>		<u>1 good</u>
3	Check operation of gas valve.	<input checked="" type="checkbox"/>		<u>good</u>
4	Check for gas leaks.	<input checked="" type="checkbox"/>		<u>no leaks detected</u>
5	Check operation of thermostat.	<input checked="" type="checkbox"/>		<u>good</u>
6	If applicable, replace primary air intake filter.	<input checked="" type="checkbox"/>		<u>OK</u>
7	As needed, clean spark electrode and reset gap, replace if necessary.	<input checked="" type="checkbox"/>		<u>good</u>
8	Inspect flue pipe and connections.	<input checked="" type="checkbox"/>		<u>good</u>
9	If applicable, inspect and clean outside air blower and blower intake.	<input checked="" type="checkbox"/>		<u>good</u>
10	Inspect unit for proper operation.	<input checked="" type="checkbox"/>		<u>good</u>
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>		<u>good</u>

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: HVAC Technician
 Additional Notes: