

### CERTIFICATION OF WORK

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

FACID/Building: *Gaithersburg MD03* Date of Visit: *12/3/19*

Contractor Personnel on Site:

1. *Patrick Donovan* 2.

#### Work Performed:

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

1. *11320, 11352, 11321, 11353 Pumps, Radiators, Mini Splits, Grease Trap, Vehicle Exhaust System*

**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: *12/3/19*

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 St Laurent GS-11* Date: *03 Dec 19*

Signed: *[Signature]*

E-Mail: *tara.f.stlaurent.civ@mail.mil*

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST RADIANT BASEBOARDS/CONVECTORS (STEAM, HOT WATER, OR ELECTRIC)

SITE AND BLDG #: Gaitersburg MD013MECHANIC SIGNATURE: DATE: 12/3/19LOCATION/RM #: Variety Room in Bldg # WO# 1352 ASSET # see notesSTART TIME: 10:15FINISH TIME: 1:30

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"/>	<input 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"/>	<input type="checkbox"/>	
1	Check radiator valve for free turning and seating. Check packing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good</u>
2	Remove covers or wall panels. Note: Extreme care must be taken when removing marble or granite wall panels. These panels are extremely heavy and very fragile.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
3	Check housing, braces, supports, hangers, and hardware for signs of deterioration or damage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good</u>
4	Check temperature or flow controls, shutoff valves, vents and traps for proper operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good</u>
5	If radiator has automatic temperature regulating valve, remove valve cover and remove dirt by vacuuming.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
6	For hot water radiators, check air bleed valve.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
7	Wire brush and treat with rust inhibitor all rusted areas.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
8	Check coils, piping, and fin material for damage, leaks or looseness.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>very little to no rust visible</u>
9	Straighten finned material as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good no leaks</u>
10	Vacuum out finned tube area and interior housing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
10	Clean and replace covers or wall panels and caulk wall panels as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
10	Clean work area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</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: General Maintenance Worker

Additional Notes:

Asset # 1992 ✓  
# 1993 ✓  
# 1994 ✓

Asset # 1995 ✓  
# 1996 ✓

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **CIRCULATING AND BOOSTER PUMPS**

SITE AND BLDG #: Catfishburg MD013MECHANIC SIGNATURE: [Signature]DATE: 12/2/19LOCATION/RM #: Mechanical Room WO# 11352 ASSET # 1642START TIME: 9:15FINISH TIME: 9:40

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
1	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"/>		
2	It is generally not a good idea to tamper with pumps using mechanical seals if they are otherwise performing properly. Since mechanical seals can cost as much as the pump, it is usually not cost effective to risk damaging the seal by performing an annual internal inspection of the pump.-Report any leaks	<input checked="" type="checkbox"/>		
1	Lubricate pump and motor bearings as per manufacturer's specifications. Bearings require lubrication atleast annually. 4 shots of grease per PM	<input checked="" type="checkbox"/>		N/A Scaled pumps
2	Inspect couplings and check for any pump seal leaks.	<input checked="" type="checkbox"/>		all good. No leaks
3	Check motor mounts and vibration pads	<input checked="" type="checkbox"/>		N/A in line pump
4	Tighten all pump flanges.	<input checked="" type="checkbox"/>		Done
5	Visually check pump alignment and coupling -Report unusual vibration	<input checked="" type="checkbox"/>		Done/good
6	Inspect electrical connections	<input checked="" type="checkbox"/>		Done/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

Additional Notes:

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GREASE TRAP

SITE AND BLDG #: Centersburg MD013MECHANIC SIGNATURE: [Signature]DATE: 12/2/19LOCATION/RM #: outside Med. Room WO# 11352 ASSET # 1529START TIME: 9:00FINISH TIME: 9:15

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.	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	
3	Insure proper grease disposal.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Trap + kitchen not in use
1	Do not use enzymes, acids, caustics, solvents or emulsifying products when cleaning or maintaining the grease traps.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ok
2	Remove lid. If the trap is equipped with removable baffles, remove them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	lid removed
3	Make sure the flow restrictor on the inflow pipe is present.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ok
4	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	noted
5	Replace lid and baffles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	lid not in use
6	Return (or fill) water to grease trap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trap not in use
7	Record grease trap maintenance activities on your log or request a receipt from your grease hauler. Keep records for 3 years.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trap not in use

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 Technician

Additional Notes:

Trap is not in use. Checked over. All good