

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

FACID/Building: *Gr. Thersby* Date of Visit: *2/3/2020*
WD 013

Contractor Personnel on Site:

1. *Patrick Donovan* 2.

Work Performed:

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

1. *11593, 11655, 11681, 11594, Filters on AHU's, Water heaters*
Backflow Certification

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: *2/3/2020*

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: *Glenn R. Umberger Jr, GS-13* Date: *6 Feb 2020*

Signed: *[Signature]*

E-Mail: *glenn.r.umberger.civ@mail.mil*

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: Gaithersburg MD 20878 **MECHANIC #:** 11655

MECHANIC SIGNATURE: 

DATE: 2/8/2020

LOCATION/RM #: Mechanical Room **WO#** 11655 **ASSET #** 1528A+B

START TIME: 7:00

FINISH TIME: 9:45

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"/>	<input type="checkbox"/>	
2	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Do not allow any open flames around equipment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Done</i>
5	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Done</i>
6	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Done</i>
7	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Done</i>
8	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Done</i>
9	If applicable. Remove and inspect Anode, replace if necessary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Done</i>
10	Clean up work area and remove trash.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Done</i>

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: