

### CERTIFICATION OF WORK

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

FACID/Building: Fort Belvoir MDOB Date of Visit: 3/4/2020

Contractor Personnel on Site:

1. Patrick Donovan 2.

#### Work Performed:

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

1. 11810, 11853, 11873, 11894, 11811, 11854, 11874, 11895  
Mini Splits, Grease Trap, Hot water pumps, Radiators, unit Heaters, Cond. Units, 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: 3/4/2020

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: TARA STLAURENT

Date: 3 MAR 2020

Signed: [Signature]

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

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST FAN COIL UNIT/ DUCTLESS MINI SPLIT

SITE AND BLDG #: Gaithersburg MD013

MECHANIC SIGNATURE: [Signature] DATE: 3/2/2020

LOCATION/RM #: Bldg # 2 WO# 11895 ASSET # 2015

START TIME: 11:40 FINISH TIME: 12:10

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
1	As needed, de-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. Follow lock out/tag out procedures at all times.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	Check fan blades for dust buildup and clean if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done/ good
2	When applicable, check fan blades and moving parts for cracks and excessive wear.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all good
3	Tighten all electrical connectors to proper torque as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
4	Check that the fan runs properly in all speeds as applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
5	Check dampers and rotating auto diffusers for dirt accumulations, clean as necessary. Check felt, repair or replace as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
7	Lubricate mechanical connections of dampers sparingly as applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
8	Check the valve(s) for signs of leakage and proper operation. If leak is detected, submit a U/E.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no leaks detected
9	Clean coils by brushing, blowing, vacuuming	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done/ no leaks detected
10	Check coils for leaking, tightness of fittings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
11	Use fin comb to straighten coil fins as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
12	Check belts for wear and cracks, adjust tension or alignment as applicable. Replace belts when necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all good
13	Check rigid couplings for alignment on direct drives, and for tightness of assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
14	Vacuum interior of unit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
15	Check filter door for proper gasketing and air leaks. Correct as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
16	Change the filter as needed with the correct size and type filter. Annual Replace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Filter gets checked Quarterly
17	Insure that drain(s) are clear and running-Install condensate tablet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	cleared filter
18	Clean up work area -Record Humidity level in area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Humidity 36 %

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

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE YES NO	NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
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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: