

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

FAC ID Building: *Gaithersburg MD013*      Date of Visit: *2/6/19*

Contractor Personnel on Site:

1. *Patrick Donovan*

4.

5.

5.

6.

6.

**Work Performed:**

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

8. LIST WOF: *7231*

6.

*Water Heaters + Filters*

7.

8.

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: *Patrick Donovan*

Date: *2/6/19*

Signed: *[Signature]*

To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name Rank: *Glenn R. Umberger Jr, GS-13*      Date: *6 Feb/19*

Signed: *[Signature]*

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

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **DOMESTIC HOT WATER HEATER - GAS**

SITE AND BLDG #: Gaitherburg MD 013  
 LOCATION/RM #: Mechanical Room WO# 7231 ASSET # 1528

MECHANIC SIGNATURE: [Signature] DATE: 2/6/19  
 START TIME: 9:30 FINISH TIME: 10:10

SPECIAL INSTRUCTIONS			
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"/>	<u>Good + dated Maint. Record Tag's</u>
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"/>	
3	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"/>	
4	Do not allow any open flames around equipment.	<input checked="" type="checkbox"/>	
TO BE PERFORMED AFTER INSPECTION SERVICE			
1	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>	<u>Done</u>
2	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"/>	<u>Done/Good</u>
3	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>	<u>Good</u>
4	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"/>	<u>Done/Good</u>
5	Drain storage and expansion tanks. and flush to remove sediment, scale, and solid at bottom of tank.	<input checked="" type="checkbox"/>	<u>Done</u>
6	Clean sight glasses on tanks.	<input checked="" type="checkbox"/>	<u>Done</u>
7	Clean strainer. check condition of traps. Report and repair leaks.	<input checked="" type="checkbox"/>	<u>Done/Good</u>
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"/>	<u>Done</u>
9	If applicable, Remove and inspect Anode. replace if necessary	<input checked="" type="checkbox"/>	
10	Clean up work area and remove trash.	<input checked="" 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:

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** Filter Replacement

SITE AND BLDG #: Gaitherburg MPB13      MECHANIC SIGNATURE: [Signature]      DATE: 2/6/19  
 LOCATION/RM #: Bldg #2      START TIME: 10:10      FINISH TIME: 10:30

Site Location	WO #	Asset #	PM #	Manufac turer	Model Number	Serial #	Asset Description	Asset Location
		2010		Trane	XR95	095244779		

1	Check, clean, and/or replace both internal and external filters as necessary.	✓	Replaced
2	Label and Date Filter	✓	
3	Did YELLOW Maintenance Tag get Initialed	✓	Make sure YELLOW Maint Tag is initialed on Asset
3	Did all High Asset Filters get Changed	✓	
1	16X24X1		

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: **GMW Additional Notes:**

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** Filter Replacement

SITE AND BLDG #: Gaithersburg MD013 MECHANIC SIGNATURE: [Signature] DATE: 2/6/19

LOCATION/RM #: Mechanical Rm. START TIME: 9:25 FINISH TIME: 10:00

Site Location	WO #	Asset #	PM #	Manufac turer	Model Number	Serial #	Asset Description	Asset Location
<u>Bldg 1</u>					<u>39AAV</u>			
<u>Mech. Rm.</u>				<u>Carrier</u>	<u>21C00R322</u>	<u>3508025765</u>		<u>Mechanical Rm.</u>

CHECKLIST DESCRIPTION		YES		NO		NOTED	
1	Check, clean, and/or replace both internal and external filters as necessary.	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<u>Done</u>	
2	Label and Date Filter	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<u>Done</u>	
3	Did YELLOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<u>Make sure YELLOW Maint Tag is initialed on Asset</u>	
3	Did all High Asset Filters get Changed	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<u>All high units</u>	
12	<u>16Y25X4</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
		<input type="checkbox"/>		<input type="checkbox"/>			
		<input type="checkbox"/>		<input type="checkbox"/>			
		<input type="checkbox"/>		<input type="checkbox"/>			
		<input type="checkbox"/>		<input type="checkbox"/>			

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: **GMW Additional Notes:**