

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

FacID Building: *Gaithersburg MD013* Date of Visit: *4/1/19*

Contractor Personnel on Site:

1 *Patrick Donovan* 4.
2. _____ 5.
3. _____ 6.
4. _____
5. _____
6. _____

Work Performed:

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

5. EISI WOrk 8184, 8212
6. *Thermostats Bldg #2 + #3*

8.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: *Patrick Donovan* Date: *4/1/19*
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: *FRANK L. HARRIS MSc* Date: *1 April 2019*
Signed: *[Signature]*
E-Mail: *Frank.L.Harris.4.mil@mail.mil*

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
THERMOSTATS

SITE AND BLDG #: Gaithersburg MD 2013

MECHANIC
SIGNATURE: 

DATE: 4/1/19

LOCATION/RM#: Bldg #3 **WO#** 8212 **ASSET #** 1187

START TIME: 12:00

FINISH TIME: 12:15

		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.	<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"/>		
TO BE PERFORMED DATE EACH INSPECTION SERVICE				
1	If EMS (Energy Management System) exists, run the manufacturers diagnostic software for the wireless system. This diagnostic shall produce a report of all functional aspects of the wireless system indicating faults that should be addressed in this maintenance.	<input checked="" type="checkbox"/>	<i>N/A</i>	<i>No EMS in Bldg #2 or #3</i>
2	Review all zone set points at the server.	<input checked="" type="checkbox"/>	<i>N/A</i>	<i>No EMS in Bldg #2 or #3</i>
3	Inspect thermostat installation; ensure mounting is correct, fastened secure and that the thermostat is not blocked by equipment generating heat or furniture blocking air circulation.	<input checked="" type="checkbox"/>	<i>Good</i>	<i>done</i>
4	Remove thermostat cover and lightly blow away any accumulated dust with canned low pressure air.	<input checked="" type="checkbox"/>	<i>N/A</i>	<i>done</i>
5	Check time-of-day schedule to confirm consistency with facility operation. Adjust schedule as needed.	<input checked="" type="checkbox"/>	<i>N/A</i>	<i>done</i>
6	If applicable, replace battery as needed.	<input checked="" type="checkbox"/>	<i>N/A</i>	<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: HVAC Technician

Additional Notes: