

### CERTIFICATION OF WORK

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

FACID/Building: Centreville MD-013 Date of Visit: 6/5/19

Contractor Personnel on Site:

1. Patrick J. Donovan 2. \_\_\_\_\_

#### Work Performed:

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

1. 8855  
~~8855~~, 8885, 8931, 8856, 8932, 8887

**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: 6/5/19

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: 05 Jun 19

Signed: [Signature]

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

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST EXHAUST FANS

SITE AND BLDG #: Southersburg MD013

MECHANIC SIGNATURE: [Signature]

DATE: 6/8/19

LOCATION/RM #: Bldg #3 WO# 8887 ASSET # 1186

START TIME: 10:00

FINISH TIME: 10:10

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETION		NOTES/ACTIONS (IF TASK COMPLETED, 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	Schedule shutdown with operating personnel, as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	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"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Clean unit, especially fan blades.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
2	Inspect pulleys, belts, couplings, etc.; adjust tension and tighten mountings as necessary. Change badly worn belts. Multiple belts should be replaced with matched sets.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good</u>
3	Perform required lubrication and remove old or excess lubricant.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
4	Clean motor with vacuum or low pressure dry air (less than 40 psig). Check for obstructions in motor cooling and air flow.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
5	Check structural members, vibration eliminators, and flexible connections. Check fan housing to ensure there is no damage and the housing is tight.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good</u>
6	Start unit and check for vibration and noise.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
7	Remove all trash and debris.	<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: