

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

FACID Building: *Upper Marlboro MD016* Date of Visit: *3/8/19*

Contractor Personnel on Site:

- | | |
|---------------------------|----------|
| 1. <i>Patrick Donovan</i> | 4. _____ |
| 5. _____ | 5. _____ |
| 6. _____ | 6. _____ |

Work Performed:

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

7. LIST WO# *7679, 7772, 7832, 7555, 7632, 7836*
6. *Circulating Pumps, Unit Heaters, Mini Split Systems, Condensing unit, Flood light, Overhead Vehicle Exhaust*
8. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: *Patrick Donovan* Date: *3/8/19*

Signed _____

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: *Richard C Parker CTR* Date: *20190308*

Signed *[Signature]*

E-Mail *Richard.C.Parker8.ctr@nmi1.mil*

UNIT HEATER, ELECTRIC

SIGNATURE:  **MECHANIC**

SIGNATURE:

START TIME: 11:35

START TIME: 11:35

| GENERAL INFORMATION | | INSPECTION | | OCCASIONS | |
|---------------------|--|-------------------------------------|--|-----------|------------------------------------|
| DATE | | TIME | | LOCATION | |
| 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"/> | | | Tagged and all Maint Rec'd Tags |
| 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"/> | | | |
| 1 | Check heater coils and associated piping for leaks or corrosion. | <input checked="" type="checkbox"/> | | | No leaks were found |
| 2 | Clean heating coil. Brush vacuum where accessible. | <input checked="" type="checkbox"/> | | | |
| 3 | Inspect wiring and electrical controls for loose connections, charred, frayed or broken insulation, evidence of short circuiting, wrong size fuses, circuit breakers, or switches, and other electrical deficiencies. Tighten any loose connections. | <input checked="" type="checkbox"/> | | | done full good all good |
| 4 | Inspect fan for bent blades, unbalance, excessive noise and vibration. | <input checked="" type="checkbox"/> | | | |
| 5 | Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings. | <input checked="" type="checkbox"/> | | | good |
| 6 | Verify proper control by modulating the thermostat through complete cycle. | <input checked="" type="checkbox"/> | | | good |
| 7 | Inspect unit for proper operation. | <input checked="" type="checkbox"/> | | | good |
| 8 | Inspect unit for overall condition and recommend for replacement or other needed repairs. | <input checked="" type="checkbox"/> | | | done |

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST UNIT HEATER, HOT WATER

SITE AND BLDG #: Upper Marlboro MD 20616

MECHANIC SIGNATURE: [Signature] DATE: 3/1/19

LOCATION/RM #: Medical Room WO# 7772 ASSET # 2025 Storage Area

START TIME: 10:20 FINISH TIME: 11:30

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ACTIONS |
|---|--|-------------------------------------|--------------------------|------------------------|
| | | 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. | <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"/> | |
| NO DEFICIENCIES IDENTIFIED AT THIS INSPECTION | | | | |
| 1 | Check valve for full stroke operation in both directions, if applicable. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | good |
| 2 | Check valve for signs of abnormal wear and leaks. Replace packing if needed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | good, no leaks visible |
| 3 | Clean the coil with vacuum cleaner. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cleaned |
| 4 | Comb the fins as needed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | done |
| 5 | Clean all fans and motors. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | done / good |
| 6 | Check operation of controls and safeties. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | done / good |
| 7 | Lubricate as required. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | done |
| 8 | Check all motors, belts, pulleys, shafts, etc. for alignment. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | all good |

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To be performed by: General Maintenance Worker
Additional Notes: