

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

EACH Building: *Upper Marlboro MD 20774* Date of Visit: *3/8/19*

Contractor Personnel on Site:

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

Work Performed:

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

5. *First Work 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 L. Parker CTR* Date: *20190308*

Signed *[Signature]*

E-Mail: *Richard.L.Parker.8.CTR@miti.mil*

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: Upper Marlboro MD 207

LOCATION/RM #: 2832 WO# 7832 ASSET # 2037

START TIME: 8:45 FINISH TIME: 9:10

MECHANIC SIGNATURE: 
DATE: 3/7/19

ITEM	DESCRIPTION	SPECIAL INSTRUCTIONS	
		NOTICE	NOTICE
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.	/	
2	Schedule and coordinate work with operating personnel.	/	
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.	/	
TESTS AND INSPECTION			
1	Open and tag switch.	/	done
2	Inspect visual condition of wiring. Look for evidence of overheating.	/	Good
3	Check for proper light operation.	/	Good
4	Test operation of automatic switches/ time clock photocells applicable.	/	Good
5	Inspect light pole and mounting devices for deficiencies.	/	Good
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	/	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: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FAN COIL UNIT/ DUCTLESS MINISPLIT

SITE AND BLDG #: Upper Marlboro MD 20746

LOCATION/RM #: See notes WO# 7832 ASSET # See notes

MECHANIC
SIGNATURE: Mark Rose

DATE: 3/8/19

START TIME: 12:40

FINISH TIME: 1:40

ITEM	DESCRIPTION	NOTES
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"/>
2	Schedule shutdown with operating personnel, as needed.	<input checked="" type="checkbox"/>
3	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"/>
1	Check fan blades for dust buildup and clean if necessary.	<input checked="" type="checkbox"/>
2	When applicable, check fan blades and moving parts for cracks and excessive wear.	<input checked="" type="checkbox"/>
3	Tighten all electrical connectors to proper torque as needed.	<input checked="" type="checkbox"/>
4	Check that the fan runs properly in all speeds as applicable.	<input checked="" type="checkbox"/>
5	Check dampers and rotating auto diffusers for dirt accumulations, clean as necessary. Check felt, repair or replace as necessary.	<input checked="" type="checkbox"/>
6	Check damper actuators and linkage for proper operation as applicable. Adjust linkage on dampers if out of alignment.	<input checked="" type="checkbox"/>
7	Lubricate mechanical connections of dampers sparingly as applicable.	<input checked="" type="checkbox"/>
8	Check the valve(s) for signs of leakage and proper operation. If leak is detected, submit a UE.	<input checked="" type="checkbox"/>
9	Clean coils by brushing, blowing, vacuuming, or pressure washing.	<input checked="" type="checkbox"/>
10	Check coils for leaking, tightness of fittings.	<input checked="" type="checkbox"/>
11	Use fin comb to straighten coil fins as needed.	<input checked="" type="checkbox"/>
12	Check belts for wear and cracks, adjust tension or alignment as applicable. Replace belts when necessary.	<input checked="" type="checkbox"/>
13	Check rigid couplings for alignment on direct drives, and for tightness of assembly.	<input checked="" type="checkbox"/>
14	Vacuum interior of unit.	<input checked="" type="checkbox"/>

15	Check filter door for proper gasketing and air leaks. Correct as necessary.	<input checked="" type="checkbox"/>	Correct
16	Change the filter as needed with the correct size and type filter.	<input checked="" type="checkbox"/>	Changed all filters
17	Ensure that drain(s) are clear and running.	<input checked="" type="checkbox"/>	Clear
18	Clean up work area.	<input checked="" type="checkbox"/>	Clean

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:

Asset # 2031

✓

#2032

#2033

#2034

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PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: Upper Maffetton MD 206

MECHANIC
SIGNATURE

DATE: 3/8/19

LOCATION/RM#: Lower Row in blks. #1 WD. 7332

START TIME

FINISH TIME: 1:40

Note: The technician shall perform any repairs identified during P.M. up to \$250 (direct labor and direct material cost) per P.M. 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:**