

CERTIFICATION OF WORK

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

FACID/Building: Upper Marlboro MD014 Date of Visit: 5/21/19

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)
8486

1. 8466, 8517, 8548, 8466, 8518, Flood lights, Water Heater, Sump pump, AHU (Filters + PM's) Dehumidifier Freezer,
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: 5/21/19
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: Parker Richard Date: 20190521

Signed: [Signature]

E-Mail: Richard.L.Parker@cmo.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST SUMP PUMP

SITE AND BLDG #: Upper Marlboro MD 2016MECHANIC SIGNATURE: [Signature]DATE: 5/21/19LOCATION/RM #: Mechanical Room 8486 WO# 8486 ASSET # 1536START TIME: 10:10FINISH TIME: 10:20

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (If task complete is 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"/>		<u>Done</u>
2	Schedule outage with operating personnel.	<input checked="" type="checkbox"/>		<u>Done</u>
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"/>		<u>Done</u>
4	If the material removed from the pump is hazardous, contact the Regional S&E/M office for disposal instructions.	<input checked="" type="checkbox"/>		
5	If strainer cleaning requires removal of pump unit which should be considered a repair and not general maintenance.	<input checked="" type="checkbox"/>	<u>N/A</u>	<u>Surge + dated 11/11/19</u>
6	Excessive sediment and debris, not removed by flushing the pit should be handled on a project basis, and not considered under this standard.	<input checked="" type="checkbox"/>		<u>Done</u>
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove cover plates and flush pit.	<input checked="" type="checkbox"/>		<u>Done</u>
2	Inspect check valve.	<input checked="" type="checkbox"/>		<u>Done</u>
3	Inspect interior of pit for cracks.	<input checked="" type="checkbox"/>		<u>Done</u>
4	Inspect cover plate gaskets and replace if necessary.	<input checked="" type="checkbox"/>		<u>Done</u>
5	Insure the unit is operating properly, report any deficiencies	<input checked="" type="checkbox"/>		<u>Done/good</u>
6	Clean up work area and remove all debris.	<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:

could not locate asset 1537 electric exterior sump pump

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: Upper Harbor 117016
LOCATION/RM #: Kitchen WO# 8486 ASSET # 1531

MECHANIC SIGNATURE: [Signature] DATE: 5/21/15
START TIME: 11:10 FINISH TIME: 11:15

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETION		NOTES / ACTIONS	
		YES	NO		
1	Review manufacturer's instructions.		<input checked="" type="checkbox"/>		
2	De-energize, lock out, and tag electrical circuits.		<input checked="" type="checkbox"/>		
3	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.		<input checked="" type="checkbox"/>		
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.		<input checked="" type="checkbox"/>		
5	Closely follow all safety procedures described in the Safety Data Sheet (SDS) for the refrigerant and to all labels on refrigerant containers.		<input checked="" type="checkbox"/>		
1	Check with operating or area personnel for any deficiencies; verify cleaning program.		<input checked="" type="checkbox"/>		
2	Verify indicator light on; check compartment temperature.		<input checked="" type="checkbox"/>		
3	Examine evaporator for proper clearances/slope and air flow.		<input checked="" type="checkbox"/>		
4	Examine handles, hinges and tightness of door closure.		<input checked="" type="checkbox"/>		
5	Examine safety door release and fan shut down safety switch.		<input checked="" type="checkbox"/>		
6	Inspect lighting for burnt out lamps.		<input checked="" type="checkbox"/>		
7	Check starter panels and controls for proper operation, burned or loose contacts, and loose connections.		<input checked="" type="checkbox"/>		
8	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).		<input checked="" type="checkbox"/>		
9	Clean condenser coil and condensing unit section.		<input checked="" type="checkbox"/>		
10	Clean and inspect defrost evaporation trays/pans.		<input checked="" type="checkbox"/>		
11	Inspect defrost systems for proper operation, including timer; adjust as required. Have automatic defrosters adjusted as required so freezer will defrost during "Off Peak" hours.		<input checked="" type="checkbox"/>		
12	Check operation of thermostats; calibrated as required.		<input checked="" type="checkbox"/>		
13	Check coil superheat and adjust to manufacturer's recommendations.		<input checked="" type="checkbox"/>		
14	Inspect and service all electric motors.		<input checked="" type="checkbox"/>		

*Kitchen
Srv Condensed*

DEFICIENCY DESCRIPTION		RECOMMENDATION		ACTION	
ITEM #	DEFICIENCY DESCRIPTION	RECOMMENDATION	ACTION	STATUS	DATE
15	Inspect door gaskets for damage and proper fit; adjust gaskets as required and lubricate hinges with food grade oil.				
16	Check door gasket heater.				
17	Check box floor for water or ice accumulation.				
18	Check box for excessive ice build-up and open seams.				

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To be performed by: General Maintenance Worker

Additional Notes:

Kitbox
Condensed
Shut
down

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOMESTIC HOT WATER HEATER - ELECTRIC

SITE AND BLDG #: Upper Marlboro 112016
LOCATION/RM #: MECHANICAL ROOM 8486 ASSET # 8486 1535

MECHANIC SIGNATURE: [Signature] DATE: 5/21/19
START TIME: 10:45 FINISH TIME: 11:05

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"/>	
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 AFTER INSPECTION SERVICE			
1	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>	No Tank Condensing Water Heater
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"/>	Good
3	Check all connections - electric and water. Tighten as necessary. Ensure power is disconnected to electric heaters prior to checking connections.	<input checked="" type="checkbox"/>	Good
4	Check operation/ setting of aquastat. Check hot water temperature with dial thermometer, set aquastat at minimum value required for all uses.	<input checked="" type="checkbox"/>	True / good 120
5	Check amperage draw of upper and lower elements and compare to name plate data.	<input checked="" type="checkbox"/>	No Elements
6	Clean element contacts, and check for proper closing under load.	<input checked="" type="checkbox"/>	Good
7	Clean pump, controls, switches, and starters. Check condition of pump seal or packing, and replace as required.	<input checked="" type="checkbox"/>	Good
8	If applicable, Remove and inspect Anode, replace if necessary.	<input checked="" type="checkbox"/>	No Anode
9	Clean up work area and remove trash.	<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: General Maintenance Worker

Additional Notes: