

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

EACH Building: Riverdale MDO20 Date of Visit: 2/7/19

Contractor Personnel on Site:

1. Patrick Donovan

4.

5.

6.

Work Performed:

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

5. LIST WORK 7235

6. Water Heater, Photocell, Filters

8.

**CERTIFICATION OF WORK**

Performed by the Contractor:

1. Patrick Donovan  
2. [Signature]

Date: 2/7/19

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: Clayton A. White, LTC Date: 07 Feb 19

Signature: [Signature]  
clayton.a.white.mil@mail.mil

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: Riverdale MD020MECHANIC SIGNATURE: DATE: 2/7/19LOCATION/RM #: Mechanical Room WO# 7235 ASSET # 1549START TIME: 9:40FINISH TIME: 10:15

| 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 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"/> |                                |
| 3   | Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.   | <input checked="" type="checkbox"/> |                                |
| 4   | Do not allow any open flames around equipment.   | <input checked="" type="checkbox"/> |                                |
| <b>TO BE PERFORMED BY A LICENSED SERVICE TECHNICIAN</b> |  |                                     |                                |
| 1   | Attach drain hose. Drain several gallons from tank to remove sediment.   | <input checked="" type="checkbox"/> | <u>done</u>                    |
| 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"/> | <u>done / good all good</u>    |
| 3   | Check all connections - electric, gas and water. Tighten as necessary.   | <input checked="" type="checkbox"/> | <u>good</u>                    |
| 4   | Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses.   | <input checked="" type="checkbox"/> | <u>good</u>                    |
| 5   | Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.   | <input checked="" type="checkbox"/> | <u>drained some water done</u> |
| 6   | Clean sight glasses on tanks.  | <input checked="" type="checkbox"/> | <u>done</u>                    |
| 7   | Clean strainer, check condition of traps. Report and repair leaks.   | <input checked="" type="checkbox"/> | <u>done / good</u>             |
| 8   | Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.  | <input checked="" type="checkbox"/> | <u>done / good</u>             |
| 9   | If applicable, Remove and inspect Anode, replace if necessary.   | <input checked="" type="checkbox"/> | <u>done / good</u>             |
| 10  | Clean up work area and remove trash.   | <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:

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE *Photo cell*

SITE AND BLDG #: *Riversdale MD020*  
LOCATION/RM #: *Exterior of Small* WO# *7235* ASSET # *1550*

MECHANIC SIGNATURE: *[Signature]* DATE: *2/7/19*  
START TIME: *9:15* FINISH TIME: *9:30*

| CHECK POINT                          | CHECKPOINT DESCRIPTION   | TASK COMPLET                        |    | NOTES/ ACTIONS<br>(If task differently performed, add to 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"/> |    |   |
| 2                                    | Schedule and coordinate work with operating personnel.   | <input checked="" 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"/> |    |   |
| TICKET PERFORMED AT LOCATION BEARING |  |                                     |    |   |
| 1                                    | Open and tag switch.   | <input checked="" type="checkbox"/> |    | <i>Done</i>   |
| 2                                    | Inspect visual condition of wiring. Look for evidence of overheating.  | <input checked="" type="checkbox"/> |    | <i>Done</i>   |
| 3                                    | Check for proper light operation.  | <input checked="" type="checkbox"/> |    | <i>Done</i>   |
| 4                                    | Test operation of automatic switches/ time clock/ <del>photo cell</del> <i>if applicable.</i>  | <input checked="" type="checkbox"/> |    | <i>Covered photo cell with Electric Tape during day. Lights turned on after a few minutes</i> |
| 5                                    | Inspect light pole and mounting devices for deficiencies.  | <input checked="" type="checkbox"/> |    | <i>Done</i>   |
| 6                                    | For any noted deficiency, takes pictures and open corrective maintenance ticket.   | <input checked="" type="checkbox"/> |    | <i>Done</i>   |

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To be performed by: General Maintenance Worker

Additional Notes:

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST Filter Replacement

SITE AND BLDG #: Riverside MP020  
LOCATION/RM #: Kitchen

MECHANIC SIGNATURE: [Signature] DATE: 2/7/19  
START TIME: \_\_\_\_\_ FINISH TIME: \_\_\_\_\_

| Site Location | WO # | Asset # | PM # | Manufac turer | Model Number | Serial #  | Asset Description      | Asset Location |
|---------------|------|---------|------|---------------|--------------|-----------|------------------------|----------------|
| MP020         |      | 1547    |      | Maintenance   | 6702744      | 316018467 | Non Working Unit/Asset | Kitchen        |

| CHECK POINT | COMPLETION DESCRIPTION  | TICKET COMPLETE |    | NOTES/REMARKS                                    |
|-------------|---|-----------------|----|--|
|             |   | YES             | NO |  |
| 1           | Check, clean, and/or replace both internal and external filters as necessary. |                 |    | Unit not in use!                                 |
| 2           | Label and Date Filter   |                 |    |  |
| 3           | Did YELLOW Maintenance Tag get Initialed                                      |                 |    | Make sure YELLOW Maint Tag is initialed on Asset |
| 3           | Did all High Asset Filters get Changed  |                 |    |  |
| 04          |   |                 |    | Asset not in use                                 |
|             |   |                 |    |  |
|             |   |                 |    |  |
|             |   |                 |    |  |
|             |   |                 |    |  |

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: GMW Additional Notes: Asset not in use.

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** Filter Replacement

SITE AND BLDG #: Riversdale MD020

MECHANIC SIGNATURE: [Signature]

DATE: 2/7/19

LOCATION/RM #: Ball Hall

START TIME: 10:35

FINISH TIME:

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description                            | Asset Location |
|---------------|------|---------|------|--------------|--------------|----------|--|----------------|
| MD020         |      | src     |      |              |              |          | Hanging High Air Handlers Mid Hall Ball Hall |                |

| CHECKS TO BE COMPLETED |   | TASK COMPLETED |    | NOTES/REMARKS                                    |          |
|------------------------|---|----------------|----|--|----------|
| NO.                    | DESCRIPTION   | YES            | NO | DATE   | INITIALS |
| 1                      | Check, clean, and/or replace both internal and external filters as necessary. | ✓              |    | done   |          |
| 2                      | Label and Date Filter   | ✓              |    | done   |          |
| 3                      | Did YELLOW Maintenance Tag get Initialed                                      |                |    | Make sure YELLOW Maint Tag is initialed on Asset |          |
| 3                      | Did all High Asset Filters get Changed  |                |    | all filters were good                            |          |
| 3 (x4)                 | 20X20X2   |                |    | (12 Total for all 4 units)                       |          |

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: **GMW Additional Notes:**