

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

FacID Building: *Riverdale MD 122* Date of Visit: *4/5/19*

Contractor Personnel on Site:

1. *Pat Donovan*

4.

2.

5.

3.

6.

Work Performed:

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

7. FIRST WORK *8217 & 8219 Thermostats*

6.

7.

8.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: *Patrick Donovan*

Date: *4/5/19*

Signed: *[Signature]*

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: *Mr. Tiches*

Date: *4/5/2019*

Signed:

[Signature]

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

THERMOSTATS

SITE AND BLDG #: Firehole MD20

LOCATION/RM #: Room Block WO# 8217 ASSET # Sc Notes

MECHANIC SIGNATURE: T. St. H. DATE: 4/4/19

START TIME: 7:30 FINISH TIME: 1:30

Task	Description	Completed	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.	<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	If EMS (Energy Management System) exists, run the manufacturers diagnostic software for the wireless system. This diagnostic shall produce a report of all functional aspects of the wireless system indicating faults that should be addressed in this maintenance.	<input checked="" type="checkbox"/>	
4	Review all zone set points at the server.	<input checked="" type="checkbox"/>	
5	Inspect thermostat installation; ensure mounting is correct, fastened secure and that the thermostat is not blocked by equipment generating heat or furniture blocking air circulation.	<input checked="" type="checkbox"/>	close
6	Remove thermostat cover and lightly blow away any accumulated dust with canned low pressure air.	<input checked="" type="checkbox"/>	close
7	Check time-of-day schedule to confirm consistency with facility operation.	<input checked="" type="checkbox"/>	checked
8	If applicable, replace battery as needed.	<input checked="" type="checkbox"/>	

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:

Asset# 1253 - Various Rooms

1254 - Rm 102 digital

1255 - Rm 203+205 digital

1256 - Rm 110