

CERTIFICATION OF WORK

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

FACID/Building: Rockville MD021 Date of Visit: 8/12/19

Contractor Personnel on Site:

1. Patrick Donovan 2. \_\_\_\_\_

Work Performed:

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

1. 1009Q, 10089, 9648 Hot water heaters, Filters, Ice maker, Refrigerators.

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: 8/12/19

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: MSG Cintron Jennifer Date: 12 AUG 19

Signed: [Signature]  
E-Mail: Jennifer.m.cintron.m.1@ma.m.1

Figure 1. A schematic diagram of the experimental setup. The subject is seated in a chair and views the target through a video camera. The target is a small object (e.g., a ball) that is suspended in the air. The subject's hand is positioned near the target. The video camera is positioned above the target and the subject's hand. The video camera is connected to a computer, which displays the video feed on a monitor. The subject's hand is positioned near the target, and the video camera is positioned above the target and the subject's hand. The video camera is connected to a computer, which displays the video feed on a monitor.

MECHANIC  
SIGNATURE:   
DATE: 8/12/19

START TIME: 9:30 FINISH TIME: 9:55

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** **REACH-IN REFRIGERATORS/ FREEZERS**

SITE AND BLDG #: Rockville MD 2081  
 LOCATION/RM #: Kitchen WO# 10089 ASSET # 1554

MECHANIC SIGNATURE: [Signature] DATE: 8/12/19  
 START TIME: 7:00 FINISH TIME: 9:25

| ITEM # | CHECK/TEST DESCRIPTION  | TAX COMPLETION                      |    | NOTES/ACTIONS          |
|--------|---|-------------------------------------|----|------------------------|
|        |   | INS                                 | 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"/> |    | <u>all good</u>        |
| 2      | Verify indicator light on; check compartment temperature.   | <input checked="" type="checkbox"/> |    | <u>good 38°</u>        |
| 3      | Examine evaporator for proper clearances/slope and air flow.  | <input checked="" type="checkbox"/> |    | <u>good</u>            |
| 4      | Examine handles, hinges and lightness of door closure.  | <input checked="" type="checkbox"/> |    | <u>good</u>            |
| 5      | Examine safety door release and fan shut down safety switch.  | <input checked="" type="checkbox"/> |    | <u>good</u>            |
| 6      | Inspect lighting for burnt out lamps.   | <input checked="" type="checkbox"/> |    | <u>good</u>            |
| 7      | Check starter panels and controls for proper operation, burned or loose contacts, and loose connections.  | <input checked="" type="checkbox"/> |    | <u>good</u>            |
| 8      | Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).   | <input checked="" type="checkbox"/> |    | <u>all good / done</u> |
| 9      | Clean condenser coil and condensing unit section.   | <input checked="" type="checkbox"/> |    | <u>done</u>            |
| 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"/> |    | <u>good</u>            |
| 12     | Check operation of thermostats; calibrated as required.   | <input checked="" type="checkbox"/> |    | <u>good / done</u>     |
| 13     | Check coil superheat and adjust to manufacturers recommendations.   | <input checked="" type="checkbox"/> |    | <u>done / good</u>     |
| 14     | Inspect and service all electric motors.  | <input checked="" type="checkbox"/> |    | <u>done</u>            |

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: Rockville MD2021

MECHANIC SIGNATURE: [Signature]

DATE: 8/12/19

LOCATION/RM #: Mechanical WO# 10089 ASSET # 1555

START TIME: 10:35

FINISH TIME: 11:10

| 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  | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.                                      | ✓ |  |                    |
| 3  | Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.   | ✓ |  |                    |
| 4  | Do not allow any open flames around equipment.   | ✓ |  |                    |
| 1  | Attach drain hose. Drain several gallons from tank to remove sediment.   | ✓ |  | <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. | ✓ |  | <u>Done / good</u> |
| 3  | Check all connections - electric, gas and water. Tighten as necessary.   | ✓ |  | <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.   | ✓ |  | <u>done / good</u> |
| 5  | Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.   | ✓ |  | <u>done / good</u> |
| 6  | Clean sight glasses on tanks.  | ✓ |  | <u>done / good</u> |
| 7  | Clean strainer, check condition of traps. Report and repair leaks.   | ✓ |  | <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.  | ✓ |  | <u>done</u>        |
| 9  | If applicable. Remove and inspect Anode. replace if necessary.   | ✓ |  | <u>done</u>        |
| 10 | Clean up work area and remove trash.   | ✓ |  | <u>done</u>        |

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To be performed by: General Maintenance Worker  
Additional Notes: