

CERTIFICATION OF WORK

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

FACID/Building: Rochville 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: 

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: 

E-Mail: Jennifer.m.cintron.m.1@ma.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **DOMESTIC HOT WATER HEATER - ELECTRIC**

SITE AND BLDG #:

Rockville MD 2081

MECHANIC SIGNATURE:

[Signature]

DATE:

8/12/11

LOCATION/RM #:

Building #2

WO#

10090

ASSET #

1557

START TIME:

10:05

FINISH 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"/>	
TO BE PERFORMED AND INSPECTION SERVICE			
1	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>	<i>N/A</i>
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"/>	<i>N/A</i>
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"/>	<i>all good</i>
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"/>	<i>good</i>
5	Check amperage draw of upper and lower elements and compare to name plate data.	<input checked="" type="checkbox"/>	<i>N/A</i>
6	Clean element contacts, and check for proper closing under load.	<input checked="" type="checkbox"/>	<i>N/A</i>
7	Clean pump, controls, switches, and starters. Check condition of pump seal or packing, and replace as required.	<input checked="" type="checkbox"/>	<i>unpumped down with</i>
8	If applicable. Remove and inspect Anode, replace if necessary	<input checked="" type="checkbox"/>	<i>N/A</i>
9	Clean up work area and remove trash.	<input checked="" type="checkbox"/>	<i>None</i>

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: