

### CERTIFICATION OF WORK

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

FACID/Building: Rockville MD 2021 Date of Visit: 9/26/19

Contractor Personnel on Site:

1. Patrick Donovan

2.

#### Work Performed:

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

1. 10262, 10308, 10331, 10571, 10309, 10332, /Heaters, Rooftop Package unit, Mini Splits, Fancoil units, Exhaust System, Hot water pumps, Service Calls – Service Call Number and Description Grease Trap, Glycol feeders, Expansion Tank

1. CSS#

2. CSS#

3. CSS#

### CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 9/26/19

Signed: Patrick Donovan

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: MSgt Christopher J. Cintz Date: 26 Sept 19

Signed: Christopher J. Cintz

E-Mail: j.cintz.mil.cintz.mil@navair.mil

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**

**GREASE TRAP**

**SITE AND BLDG #:** Packville 4D021

**LOCATION/RM #:** OUTSIDE Kitchen **WO#** 10308 **ASSET #** 1556

**MECHANIC SIGNATURE:** Pat Blez **DATE:** 9/18/19

**START TIME:** 10:20 **FINISH TIME:** 10:40

<b>CHECK POINT</b>	<b>CHECKPOINT DESCRIPTION</b>	<b>TASK COMPLETE</b>		<b>NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO. PROVIDE EXPLANATION)</b>
		<b>YES</b>	<b>NO</b>	
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"/>	<input 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"/>	<input type="checkbox"/>	
3	Ensure proper grease disposal.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Do not use enzymes, acids, caustics, solvents or emulsifying products when cleaning or maintaining the grease traps.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Remove lid. If the trap is equipped with removable baffles, remove them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done/no baffles</u>
6	Make sure the flow restrictor on the inflow pipe is present.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>good</u>
7	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
8	Replace lid and baffles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
9	Return (or fill) water to grease trap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
10	Record grease trap maintenance activities on your log or request a receipt from your grease hauler. Keep records for 3 years.	<input checked="" type="checkbox"/>	<input 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 Technician

**Additional Notes:** Min. of grease in trap.

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**CIRCULATING AND BOOSTER PUMPS**

SITE AND BLDG #:

*Jackson MDor*  
**Mechanical Room** WO# **10308** ASSET # **1559-1562**

MECHANIC  
SIGNATURE: *Pat*DATE: **9/18/19**START TIME: **10:45**FINISH TIME: **11:40**

ITEM	DESCRIPTION	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 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	It is generally not a good idea to tamper with pumps using mechanical seals if they are otherwise performing properly. Since mechanical seals can cost as much as the pump, it is usually not cost effective to risk damaging the seal by performing an annual internal inspection of the pump.	<input checked="" type="checkbox"/>
1	Lubricate pump and motor bearings as per manufacturer's specifications. Bearings require lubrication atleast annually.	<input checked="" type="checkbox"/>
2	Inspect couplings and check for any pump seal leaks.	<input checked="" type="checkbox"/>
3	Check motor mounts and vibration pads	<input checked="" type="checkbox"/>
4	Tighten all pump flanges.	<input checked="" type="checkbox"/>
5	Visually check pump alignment and coupling	<input checked="" type="checkbox"/>
6	Inspect electrical connections	<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: General Maintenance Worker

Additional Notes:

*1559**1550**✓**1561**Page 1 of 1**1562**✓**Done on non - sealed pump**Done / no leaks visible**Done / several pumps in-line pumps**Done**Done**Done good*

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**EXPANSION TANKS**

**SITE AND BLDG #:** Rockville MD21 **MECHANIC SIGNATURE:** Patricia **DATE:** 9/1/19  
**LOCATION/RM #:** mechanical Room **WO#** 10308 **ASSET #** 1663 **START TIME:** 11:45 **FINISH TIME:** 12:00

Preventative Maintenance Program Checklist			
Expansion Tanks			
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"/>	
1	Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed.	<input checked="" type="checkbox"/>	<u>Done</u>
2	Test air pressure in tank. Ensure air pressure is at correct PSI. Correct as needed.	<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**  
**CHEMICAL BYPASS/POT FEEDER**

SITE AND BLDG #: Packville Mtn  
LOCATION/RM #: Mechanic Room WO# 10308 ASSET # 1664

MECHANIC Pat Stas SIGNATURE: Pat Stas DATE: 4/1/19  
 START TIME: 12:05 FINISH TIME: 12:15

CHECK POINT	CHECK POINT DESCRIPTION	TASK COMPLETED		NOTES/ACTIONS (IF TASK COMPLETED, IS CHECKED 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"/>	<input 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"/>	<input type="checkbox"/>	

  

TO BE INITIATED BY MAINTENANCE PERSONNEL		
1	Check physical condition of feeder. Clean and/or repair as needed.	<input checked="" type="checkbox"/>
2	Check valves for proper operation. Ensure no leaks are present and repair 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: General Maintenance Worker

Additional Notes:

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
WATER SOFTENER

ACTIVITY AND BLDG #: Pakville M2021

LOCATION: Mechanic Room Up 1308 Ass'tt 1665-1668

MECHANIC SIGNATURE: John B. Reed DATE: 9/19/19

START TIME: 1:05 FINISH TIME: 1:40

CHECK POINT	CHECK ITEM DESCRIPTION	TASK COMPLETION		NOTES/ACTIONS (if task completed, 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.	✓		
2	Review manufacturer's instructions.	✓		
3	Schedule shutdown with operating personnel.	✓		
4	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	✓		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Drain the tank. a. Examine the exterior of the tank including fittings, gauges, manholes, and handholes for signs of leaks or corrosion. Repair as necessary. b. Inspect structural supports and insulation or coverings for defects or deterioration. c. Open the tank and remove rust or chemical deposits from interior tank surfaces. d. Remove and clean all spray nozzles. e. Inspect the interior of the tank for pitting, cracks, and other defects.			<i>N/A</i>
2	<b>Lime Water Softener</b> f. Dismantle vacuum breakers. Inspect stem, valve seat and spring. Repair as required. g. Inspect, clean, and flush the nozzle ring. h. Remove vent condenser heads and clean the tubes. i. Inspect and clean the sight glass, level indicators, and level controllers.			<i>N/A</i>
3	<b>Zeolite Water Softener</b> j. Check the filter bed for proper level k. Take samples of the resin according to manufacturer's instructions and send to a lab for analyses.			<i>N/A</i>

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETED		NOTES/ACTIONS (IF TASK COMPLETED, CHECK BOX AND PROVIDE EXPLANATION)
		YES	NO	
4	<b>Anthracite Water Softener.</b> i. Check the filter bed for proper level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>soil</i>

Note: The Contractor shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence.  
Checklist compiled in accordance with:

- General Services Administration (GSA) Public Building Service. 2012. *Public Buildings Maintenance Standards Final*. October 1.
- Original equipment manufacturers (OEM) documentation for exact or similar assets, which can be located at (Provide Link to OEM Manual/Asset Library)

**Additional Notes:**

*Unit is running fine + salt hopper is full*

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**UNIT HEATER, INFRA-RED, RADIANT, GAS**

**SITE AND BLDG #:** Rockville MD21 **MECHANIC SIGNATURE:** J. St. John **DATE:** 9/11/19  
**LOCATION/RM #:** Pill Hall **WO#** 10308 **ASSET #** 2106 **START TIME:** 1:45 **FINISH TIME:** 2:50

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"/>			
1	For gas/oil heaters:				
	1. Remove access panels if applicable.	<input checked="" type="checkbox"/>			
	2. Check the fire box liner or refractory for cracks and leaks.	<input checked="" type="checkbox"/>			
	3. Check all gas lines for leaks. Repair as needed.	<input checked="" type="checkbox"/>			
2	Clean dirt from heater, vacuuming is preferred.	<input checked="" type="checkbox"/>			
3	Check operation of gas valve.	<input checked="" type="checkbox"/>			
4	Check for gas leaks.	<input checked="" type="checkbox"/>			
5	Check operation of thermostat.	<input checked="" type="checkbox"/>			
6	If applicable, replace primary air intake filter.	<input checked="" type="checkbox"/>			
7	As needed, clean spark electrode and reset gap, replace if necessary.	<input checked="" type="checkbox"/>			
8	Inspect flue pipe and connections.	<input checked="" type="checkbox"/>			
9	If applicable, inspect and clean outside air blower and blower intake.	<input checked="" type="checkbox"/>			
10	Inspect unit for proper operation.	<input checked="" type="checkbox"/>			
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<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					
<b>Additional Notes:</b>					
<i>Done Clean No leaks detected Good</i>					
<i>1/4 N/A N/A Good close</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: HVAC Technician

**Additional Notes:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**

**AIR CURTAIN**

**SITE AND BLDG #:** Rockville MP021

**MECHANIC SIGNATURE:** Patricia

**DATE:** 9/14/19

**LOCATION/RM #:** Kitchen WO# 10208 **ASSET #:** 2107

**START TIME:** 9:30

**FINISH TIME:** 9:50

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"/>	
1	Disconnect the power to the unit.	<input checked="" type="checkbox"/>	<i>Power</i>
2	Remove the intake grille by removing all screws around the edges.	<input checked="" type="checkbox"/>	<i>Intake grille</i>
3	Vacuum and wash (if necessary) to remove the buildup of dirt and debris.	<input checked="" type="checkbox"/>	<i>Deficiencies</i>
4	If necessary, lubricate the motors.	<input checked="" type="checkbox"/>	<i>Lubricate</i>
5	Reinstall the cover and intake grille.	<input checked="" type="checkbox"/>	<i>Intake</i>
6	Verify proper operation of unit. Make and/or recommend any needed repairs.	<input checked="" type="checkbox"/>	<i>Done</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:**