

### CERTIFICATION OF WORK

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

FACID/Building: Rockville MD021 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: Jeff Cintz Date: 26 Sept 19

Signed: Jeff Cintz

E-Mail: j.cintz.m.cintz.m@nasa.gov

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

SITE AND BLDG #:	<u><b>Rockville MD21</b></u>	
LOCATION/RM #:	<u><b>Bldg #2</b></u>	WO# <u><b>10332</b></u> ASSET # <u><b>2124</b></u>
MECHANIC SIGNATURE:	<u><b>John D. Stiles</b></u>	
START TIME:	<u><b>11:10</b></u>	
FINISH TIME:	<u><b>11:45</b></u>	

Task	Description	Start Time	End Time	Comments
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	For gas/oil heaters:			
1	1. Remove access panels if applicable. 2. Check the fire box liner or refractory for cracks and leaks. 3. Check all gas lines for leaks. Repair as needed.	<input checked="" type="checkbox"/>		<i>Done</i>
2	Clean dirt from heater. Vacuuming is preferred.	<input checked="" type="checkbox"/>		<i>None</i>
3	Check operation of gas valve.	<input checked="" type="checkbox"/>		<i>No gas leak detected</i>
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"/>		<i>Not applicable</i>
7	As needed, clean spark electrode and reset gap, replace if necessary.	<input checked="" type="checkbox"/>		<i>Not applicable</i>
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"/>		<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: HVAC Technician

**Additional Notes:**