

### CERTIFICATION OF WORK

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

FACID/Building: *Rockville MD021* Date of Visit: *10/17/19*

Contractor Personnel on Site:

1. *Brian Davis*

2. *Patrick Donovan*

#### Work Performed:

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

1. *10461, 10462, 10463, 10464. Boiler P-4's*

**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: *10/17/19*

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: *Sgt. Bryan Jones* Date: \_\_\_\_\_

Signed: *[Signature]*

E-Mail: \_\_\_\_\_

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **BOILER - ELECTRIC, GAS, OIL**

SITE AND BLDG #:

Rockville 477021

MECHANIC  
SIGNATURE:


DATE: 10/17/19

LOCATION/RM #:

Boiler Room

WO# 10671

ASSET # 2074

START TIME:

FINISH TIME:

| CHECK<br>POINT | CHECKPOINT DESCRIPTION   | TASK COMPLETE                       |                          | NOTES/ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|----------------|--|-------------------------------------|--------------------------|--|
|                |  | YES                                 | NO                       |  |
| 1              | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. Wear appropriate respirator, goggles, and gloves while in contact with hazardous materials.                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 2              | All automatically and manually operated control devices provided for controlling operation and safety of the vessel, steam or water pressure, hot water temperature, combustion, and boiler water level shall be inspected under operating conditions.-By Argent Inspectors -3rd party | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 3              | All associated valves and piping, pressure and temperature indicating devices, metering and recording devices, and all boiler auxiliaries shall be inspected under operating conditions.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 4              | Prepare boiler for internal inspection in the following manner:  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 5              | Fuel supply and ignition system shall be locked out.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 6              | Water shall be drawn off and water side thoroughly washed out-as required by PWS guide lines   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 7              | Manhole and handhole plates, washout plugs, and inspection plugs in water column connections shall be removed.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 8              | The boiler shall be cooled and ready for 3rd party annual certification  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 9              | Pressure gage(s) shall be tested.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 10             | If a boiler has not been properly prepared for an internal inspection, the inspector should decline to make the inspection.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 11             | Account for all tools, materials, and equipment before closing boiler.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 1              | Check boiler room for ventilation in accordance with the American Gas Association (AGA) burner requirements.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |

| CHECK POINT | CHECKPOINT DESCRIPTION   | TASK COMPLETE                       |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|-------------|--|-------------------------------------|----|---|
|             |  | YES                                 | NO |   |
| 2           | Check operation of all gas controls and valves including: manual gas shutoff; petal gas regulator; safety shutoff valve (solenoid); automatic gas valve; petal solenoid valve; butterfly gas valve; motor; and linkage to air louver; safety petal solenoid (if used.) | <input checked="" type="checkbox"/> |    |   |
| 3           | Check flue connections for tight joints and minimum resistance to air flow. (combustion chamber, flues, breaching, and chimney are clear before firing.)   | <input checked="" type="checkbox"/> |    |   |
| 4           | Draft regulators require slightly negative pressure in the combustion chamber at maximum input.  | <input checked="" type="checkbox"/> |    |   |
| 5           | On forced draft burners, gas manifold pressure requirements should correspond with modulating (butterfly) valve in full open position and stable at all other firing rates.  | <input checked="" type="checkbox"/> |    |   |
| 6           | Check burner for flashback and tight shutoff of fuel.  | <input checked="" type="checkbox"/> |    |   |
| 7           | Check operation of automatic controls and combustion flame safeguards.   | <input checked="" type="checkbox"/> |    |   |
| 8           | Clean and adjust, if necessary.  | <input checked="" type="checkbox"/> |    |   |
| 9           | Replace fusible plugs, if applicable.  | <input checked="" type="checkbox"/> |    |   |
|             | Operation and adjustments should conform with manufacturer's instructions.   | <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:

*Pressure Relief valve leaking*