

## CERTIFICATION OF WORK

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

FACID/Building: Rockville MD021 Date of Visit: 11/7/19

Contractor Personnel on Site:

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

### Work Performed:

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

1. 11116, 11150, 11174, 11206, 11117, 11151, 11175  
Air handlers, Ice Maker, Refrigerators, Water Heaters, Cond. units, dehumidifier  
Furnace  
Service Calls – Service Call Number and Description

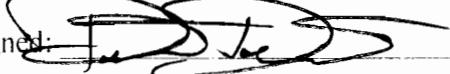
1. CSS# \_\_\_\_\_
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

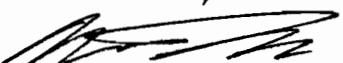
Print Name: Patrick Donovan Date: 11/7/19

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: Felix, Adrian SGT Date: 7 Nov 2019

Signed: 

E-Mail: adrian.l.Felix2.mil@mail.mil

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**

**ICE MAKER**

**SITE AND BLDG #:** Parkville MDOR1

**MECHANIC SIGNATURE:** Bob Steed **DATE:** 4/5/19

**LOCATION/RM #:** Kitchen **WO#** 11160 **ASSET #** 1563

**START TIME:** 1:00 **FINISH TIME:** 1:15

<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	De-energize, lock out, and tag electrical circuits.			
2	Only approved cleaning chemicals shall be used.			
1	Check with operating or area personnel for any deficiencies; verify cleaning program.			
2	Visually check for refrigerant, oil and water leaks.			
3	Inspect ice condition/size.			
4	As needed, drain and clean unit with proper ice machine cleaning solution.			
5	Check date on water filter. Replace as needed. Water filters should be changed annually at a minimum.			
6	Check and tighten any loose screw-type electrical connections.			
7	Check all controls; adjust if necessary.			
8	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.			
9	Check and clear ice machine draining system (drain vent, strainer, trap).			
10	Examine condition of bin doors-closure, hinges, gaskets, handles and case of slide; lubricate as required. Check storage bin condition.			
11	Clean motor, compressor, and condenser coil.			
<i>Unit down for Repair</i>				
<i>WO#11160 Cost#22145</i>				
<i>Cleaned out ice bin while in Stock</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:**

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

**SITE AND BLDG #:** Rockville MD 20811

**LOCATION/RM #:** Mechanics Room **WO#** 11150 **ASSET #** 1655

**MECHANIC SIGNATURE:** John Lee

**DATE:** 11/19/19

**START TIME:** 11:20

**FINISH TIME:** 11:50

<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	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"/>	
2	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Do not allow any open flames around equipment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>done</i>
5	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"/>	<input type="checkbox"/>	<i>done/ good</i>
6	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>done/ good</i>
7	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>done/ good</i>
8	Clean Water heater shell and Report any leaks -Open CM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>done</i>
	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>done</i>
	If applicable. Remove and inspect Anode, replace if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>done</i>
	Clean up work area and remove trash.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>done</i>

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**To be performed by:** General Maintenance Worker

**Additional Notes:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**REACH-IN REFRIGERATORS/ FREEZERS**

**SITE AND BLDG #:** Parkville 4D021      **LOCATION/RM #:** Kitchen      **WO#** 11150      **ASSET #** 1954      **MECHANIC SIGNATURE:** J. S. D.      **DATE:** 11/5/19  
**START TIME:** 1:55      **FINISH TIME:** 2:35

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO. PROVIDE EXPLANATION)
		YES	NO	
1	De-energize, lock out, and tag electrical circuits.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all sealed</u>
2	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good</u>
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good</u>
2	Verify indicator light on; check compartment temperature.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good</u>
3	Examine evaporator for proper clearances/slope and air flow.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good</u>
4	Examine handles, hinges and tightness of door closure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good</u>
5	Examine safety door release and fan shut down safety switch.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good</u>
6	Inspect lighting for burnt out lamps.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good</u>
7	Check starter panels and controls for proper operation, burned or loose contacts, and loose connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good</u>
8	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
9	Clean condenser coil and condensing unit section.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
10	Clean and inspect defrost evaporation trays/pans.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
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"/>	<input type="checkbox"/>	<u>done</u>
12	Check operation of thermostats; calibrated as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
13	Check coil superheat and adjust to manufacturers recommendations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
14	Inspect and service all electric motors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
15	Inspect door gaskets for damage and proper fit; adjust gaskets as required and lubricate hinges with food grade oil.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good</u>
16	Check door gasket heater.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good</u>
17	Check box floor for water or ice accumulation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>ice free visible</u>
18	Check box for excessive ice build- up and open seams.	<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

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
	exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed discription of the deficiency.			
	To be performed by: General Maintenance Worker			
	Additional Notes:			