

### 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# \_\_\_\_\_

### CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: Felix Adrian SGT Date: 7 Nov 2019

Signed: [Signature]

E-Mail: adrian.l.felix2.mil@mail.mil

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST ICE MAKER

SITE AND BLDG #: Rockville MD021

MECHANIC SIGNATURE: [Signature] DATE: 11/5/19

LOCATION/RM #: Kitchen WO# 11150 ASSET # 1563

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

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"/>	
2	Only approved cleaning chemicals shall be used.		<input checked="" type="checkbox"/>	
1	Check with operating or area personnel for any deficiencies; verify cleaning program.		<input checked="" type="checkbox"/>	
2	Visually check for refrigerant, oil and water leaks.		<input checked="" type="checkbox"/>	
3	Inspect ice condition/size.		<input checked="" type="checkbox"/>	
4	As needed, drain and clean unit with proper ice machine cleaning solution.		<input checked="" type="checkbox"/>	Ice machine gets drained and cleaned annually and as needed
5	Check date on water filter. Replace as needed. Water filters should be changed annually at a minimum.		<input checked="" type="checkbox"/>	Unit closed for Repair
6	Check and tighten any loose screw-type electrical connections.		<input checked="" type="checkbox"/>	
7	Check all controls; adjust if necessary.		<input checked="" type="checkbox"/>	
8	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.		<input checked="" type="checkbox"/>	WO# 11260 CS# 22145
9	Check and clear ice machine draining system (drain vent, strainer, trap).		<input checked="" type="checkbox"/>	
10	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.		<input checked="" type="checkbox"/>	Cleaned out ice bin while in Shut Down Mode.
11	Clean motor, compressor, and condenser coil.		<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 DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: Rockville MD 2081

MECHANIC SIGNATURE: [Signature] DATE: 11/5/19

LOCATION/RM #: McGowan Room WO# 11150 ASSET # 1555

START TIME: 1:20 FINISH TIME: 11:50

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (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.	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	
1	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
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"/>	<input type="checkbox"/>	close/good all good
3	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	close/good
4	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"/>	close/good
5	Clean Water heater shell and Report any leaks.-Open CM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	close
6	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"/>	done
7	If applicable. Remove and inspect Anode, replace if necessary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
8	Clean up work area and remove trash.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done

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 REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: Rockville 4200a1

MECHANIC SIGNATURE: [Signature] DATE: 11/5/19

LOCATION/RM #: Kitchen WO# 11/50 ASSET # 1554

START TIME: 1:35 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"/>		
2	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.		<u>N/A</u>	
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>		<u>all good</u>
2	Verify indicator light on; check compartment temperature.	<input checked="" type="checkbox"/>		
3	Examine evaporator for proper clearances/slope and air flow.	<input checked="" type="checkbox"/>		<u>all good</u>
4	Examine handles, hinges and tightness of door closure.	<input checked="" type="checkbox"/>		<u>all good</u>
5	Examine safety door release and fan shut down safety switch.	<input checked="" type="checkbox"/>		<u>all good</u>
6	Inspect lighting for burnt out lamps.	<input checked="" 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"/>		<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"/>		<u>done</u>
9	Clean condenser coil and condensing unit section.	<input checked="" type="checkbox"/>		<u>done</u>
10	Clean and inspect defrost evaporation trays/pans.	<input checked="" 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"/>		<u>good</u>
12	Check operation of thermostats; calibrated as required.	<input checked="" type="checkbox"/>		<u>good</u>
13	Check coil superheat and adjust to manufacturers recommendations.	<input checked="" type="checkbox"/>		<u>done</u>
14	Inspect and service all electric motors.	<input checked="" 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"/>		<u>all good</u>
16	Check door gasket heater.	<input checked="" type="checkbox"/>		<u>all good</u>
17	Check box floor for water or ice accumulation.	<input checked="" type="checkbox"/>		<u>all good</u>
18	Check box for excessive ice build-up and open seams.	<input checked="" type="checkbox"/>		<u>all good</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 description of the deficiency.			
	To be performed by: General Maintenance Worker			
	Additional Notes:			