

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
Airhandlers, 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 OUTDOOR CONDENSING UNIT

SITE AND BLDG #:

Kodville MD 2021

MECHANIC SIGNATURE:



DATE:

4/7/19

LOCATION/RM #:

Bldg #2
Exterior

WO# 11175

ASSET # 2122

START TIME: 9:00

FINISH TIME: 9:40

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO. PROVIDE EXPLANATION)
		YES	NO	
1	Schedule outage of unit with personnel in area the unit serves.	<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	If disposal of the equipment is required, follow regulations concerning removal of refrigerants and disposal of the unit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NO REPAIRS PERFORMED AT THIS INSPECTION SERVICE				
1	Remove debris from air screen and clean underneath unit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Done
2	Wash coil with coil cleaning solution - Rinse Thoroughly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Done
3	Straighten fin tubes with fin comb, as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Done / all good
4	Check electrical connections for tightness.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all good
5	Check mounting base for tightness.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all good
6	Inspect fans for bent blades, unbalance, excessive noise and vibrations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all good
7	Inspect all piping for leaks and tighten loose connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all good
8	Check wires at condenser electrical fused safety switches for tightness and burned insulation. Repair as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
9	Check supply air temperature to ensure unit is operating properly. If possible record room temperature and Humidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Room temp 73 * Room Humidity 39 %
10	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
11	Clean up work area.	<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: HVAC Technician

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST FURNACE

ACTIVITY AND BLDG #:

*Rockville MD 2021*MECHANIC
SIGNATURE:DATE: *11/2/19*

LOCATION/RM #:

Bldg # 2

WO#

11175

ASSET #

*2123*START TIME: *9:45*FINISH TIME: *10:15*

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"/>	
1	Replace air filter if applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>done</i>
2	Check the fire box liner or refractory for cracks and leaks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Electric furnace</i>
3	Check smoke stack for obstructions, leaks, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>good</i>
5	Clean all fans and motors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>all good</i>
6	Check operation of controls and safeties.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>good</i>
7	Lubricate as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>done</i>
8	Check and clean plenum (clean cooling coils and check for leaks, if	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>coils look good no leaks</i>
9	Check all motors, belts, pulleys, shafts, etc. for alignment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>all good</i>
10	Report any rust issues and open a CM ticket	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>tested</i>
11	Remove lock outs and tags. Restore fuel and power supply.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>done</i>

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To be performed by: HVAC Technician

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