

CERTIFICATION OF WORK

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

FACID/Building: Rockville MD021 Date of Visit: 11/6/19

Contractor Personnel on Site:

1. Patrick Donovan 2. Paul Grammann
(Bond Chem.)

Work Performed:

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

1. ^{W.O.#} 11206 - Asset # PMQ 190918200 Water Treatment.
11201 - " " " "

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: 11/5/19
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: SFC Kingsborough Kevin Date: 2019/11/07

Signed: [Signature]

E-Mail: Kevin.M.Kingsborough.mil@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #:

Rockville MD 20821

MECHANIC
SIGNATURE:


DATE: 11/6/19

LOCATION/RM #:

Kitchen

WO#

11206

ASSET #

1554

START TIME:

2:00

FINISH TIME:

2:50

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"/>	
2	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PROVIDED BY THE REFRIGERATOR MANUFACTURER				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all good
2	Verify indicator light on; check compartment temperature.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	close good
3	Examine evaporator for proper clearances/slope and air flow.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	good
4	Examine handles, hinges and tightness of door closure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fill good
5	Examine safety door release and fan shut down safety switch.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done good
6	Inspect lighting for burnt out lamps.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all good
7	Check starter panels and controls for proper operation; burned or loose contacts, and loose connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
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"/>	done/clean
9	Clean condenser coil and condensing unit section.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done/clean
10	Clean and inspect defrost evaporation trays/pans.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
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"/>	done
12	Check operation of thermostats; calibrated as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all good
13	Check coil superheat and adjust to manufacturer's recommendations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
14	Inspect and service all electric motors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all good
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"/>	all good
16	Check door gasket heater.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
17	Check box floor for water or ice accumulation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no water/ice visible
18	Check box for excessive ice build-up and open seams.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all good

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:			