

CERTIFICATION OF WORK

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

FACID/Building: Rockville MD 021 Date of Visit: 11/5/19

Contractor Personnel on Site:

1. Patrick Donovan

2. Paul Gramane
(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: Patrick Donovan

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: SAC Kingsborough Kevin Date: 2019/11/07
Signed: Kevin Kingsborough
E-Mail: Kevin.M.Kingsborough.mil@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: KittererPackville Rd 21ASSET # 1554START TIME: 2:00FINISH TIME: 2:50

MECHANIC

SIGNATURE: DATE: 11/6/19

| 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"/> | |
| 3 | Check with operating or area personnel for any deficiencies; verify cleaning program. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>all good</i> |
| 4 | Verify indicator light on; check compartment temperature. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>done/ good</i> |
| 5 | Examine evaporator for proper clearances/slope and air flow. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>good</i> |
| 6 | Examine handles, hinges and tightness of door closure. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>full tight</i> |
| 7 | Examine safety door release and fan shut down safety switch. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>done/ good</i> |
| 8 | Inspect lighting for burnt out lamps. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>all good</i> |
| 9 | Check starter panels and controls for proper operation, burned or loose contacts, and loose connections. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>done</i> |
| 10 | Clean and inspect evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>done/ clean</i> |
| 11 | Clean and inspect defrost evaporation trays/pans. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>done</i> |
| 12 | 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"/> | <i>done</i> |
| 13 | Check operation of thermostats; calibrated as required. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>all good</i> |
| 14 | Check coil superheat and adjust to manufacturers recommendations. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>done</i> |
| 15 | Inspect and service all electric motors. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>all good</i> |
| 16 | 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"/> | <i>done</i> |
| 17 | Check door gasket heater. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>done</i> |
| 18 | Check box floor for water or ice accumulation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>water/ ice visible</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 | | | | |

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|-------------|--|---------------|----|--|
| | | 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: | | | |