

**CERTIFICATION OF WORK**  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Alexandria VA 22314 Date of Visit: 12/19/19

Contractor Personnel on Site:

1. Patrick Donavan 2. \_\_\_\_\_

**Work Performed:**

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

1. 11358, 11344, 11363, 11326 Place Filters in PM's, Pumps  
Vehicle exhaust, lights, Mini splits

**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 Donavan Date: 12/19/19

Signed: Patrick Donavan

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:

**MARQUITA Y. GIVENS**  
CW2, JA  
Print Name/Rank: MARQUITA Y. GIVENS Legal Administrator Date: 12/22/19

Signed: Margie

E-Mail: Marguitta.y.givens.mil@mail.mil

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**CIRCULATING AND BOOSTER PUMPS**

**SITE AND BLDG #:** Rockville MD 21101      **MECHANIC SIGNATURE:** Pat Sturz      **DATE:** 12/4/19  
**LOCATION/RM #:** Mechanics WO# 11356 ASSET # See Notes      **START TIME:** 9:00      **FINISH TIME:** 9:50

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	It is generally not a good idea to tamper with pumps using mechanical seals if they are otherwise performing properly. Since mechanical seals can cost as much as the pump, it is usually not cost effective to risk damaging the seal by performing an annual internal inspection of the pump.-Report any leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	Lubricate pump and motor bearings as per manufacturer's specifications. Bearings require lubrication atleast annually. 4 shots of grease per PM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>See Notes</u>
2	Inspect couplings and check for any pump seal leaks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good</u>
3	Check motor mounts and vibration pads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good</u>
4	Tighten all pump flanges.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>flange good</u>
5	Visually check pump alignment and coupling. Report unusual vibration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>flange good</u>
6	Inspect electrical connections	<input checked="" type="checkbox"/>	<input 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 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:**

*Asset # 1659 Sealed*

*# 1660 A Lubed  
" B Lubed  
" C Sealed*

*# 1661 A Sealed  
" B Sealed  
" C Sealed*

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**GLYCOL TANK**

**SITE AND BLDG #:** Rockville MD 21104

**LOCATION/RM #:** Marketing Kitchen **WO#** 11356 **ASSET #** 1664

**MECHANIC SIGNATURE:** John D. H. **DATE:** 12/4/19

**START TIME:** 9:55 **FINISH TIME:** 10:05

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO PROVIE 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	Examine exterior of tank, including fittings, gauges, structural supports, manholes, and handholes for leaks, signs of corrosion, or other defects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good</u>
2	Clean, test and inspect sight glasses, valves, fittings, drains, and controls.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Up sight glasses</u>
3	Check condition of agitators and/or float assemblies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>No float assemblies</u>
4	If applicable, clean strainer(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>No strainer baskets</u>
5	Clean up work site.- Report any issues	<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 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**  
**EXPANSION TANKS**

**SITE AND BLDG #:** Rockville MD21      **MECHANIC SIGNATURE:**       **DATE:** 12/4/19  
**LOCATION/RM #:** Mahaney Recu      **WO#** 11356      **ASSET #** 1663      **START TIME:** 10:05      **FINISH TIME:** 10:10

<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"/>	
1	Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Insure level is between 1/2 and 3/4 sight glass. Correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>No sight glass on tank</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**  
**WATER SOFTENER**

**SITE AND BLDG #:** Rockville MD 21102      **LOCATION/RM #:** Refrigeration      **WO#** 11356      **ASSET #** 1662/1666      **START TIME:** 10:15      **DATE:** 10/4/19      **FINISH TIME:** 10:30

<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	<p>Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Done</i>
2	<p>Drain the tank.</p> <p>a. Examine the exterior of the tank including fittings, gauges, manholes, and handholes for signs of leaks or corrosion.</p> <p>b. Inspect structural supports and insulation or coverings for defects or deterioration.</p> <p>c. Open the tank and remove rust or chemical deposits from interior tank surfaces.</p> <p>d. Inspect the interior of the tank for pitting, cracks, and other defects.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>all pitted</i>
3	<p><b>Lime Water Softener</b></p> <p>f. Dismantle vacuum breakers. Inspect stem, valve seat and spring. Repair as required.</p> <p>g. Inspect, clean, and flush the nozzle ring.</p> <p>h. Remove vent condenser heads and clean the tubes.</p> <p>i. Inspect and clean the sight glass, level indicators, and level controllers.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Done</i>
4	<p><b>Zeolite Water Softener</b></p> <p>j. Check the filter bed for proper level</p> <p><b>Anthracite Water Softener.</b></p> <p>k. Check the filter bed for proper level</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Done</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**  
**UNIT HEATER, INFRA-RED, RADIANT, GAS**

**SITE AND BLDG #:** Rockville MD 20850

**MECHANIC SIGNATURE:** John D. Lutz

**DATE:** 12/4/19

**LOCATION/RM #:** 1st floor hall    **WO#** 11356    **ASSET #** 2106

**START TIME:** 10:35

**FINISH TIME:** 11:10

<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"/>	
1	For gas/oil heaters:			
	1. Remove access panels if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	2. Check the fire box liner or refractory for cracks and leaks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	3. Check all gas lines for leaks. Repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Clean dirt from heater. Vacuuming is preferred.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Check operation of gas valve.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Done</i>
4	Check for gas leaks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>No leak detected. Test</i>
5	Check operation of thermostat.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Thermostat temperature</i>
6	If applicable, replace primary air intake filter.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>6 1/4</i>
7	As needed, clean spark electrode and reset gap, replace if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Not tested</i>
8	Inspect flue pipe and connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Flue pipe cleaned</i>
9	If applicable, inspect and clean outside air blower and blower intake.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Blower cleaned</i>
10	Inspect unit for proper operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>checked checked</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: HVAC Technician

**Additional Notes:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**UNIT HEATER, ELECTRIC**

**SITE AND BLDG #:** Rakville MD 21

**LOCATION/RM #:** Kitchen **WO#** 11356 **ASSET #** 2107

**MECHANIC SIGNATURE:** Joe D. Jones **DATE:** 12/4/19

**START TIME:** 11:15 **FINISH TIME:** 11:35

<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	Check heater coils and associated piping for leaks or corrosion.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Inspect wiring and electrical controls for loose connections, charred, frayed or broken insulation, evidence of short circuiting, wrong size fuses, circuit breakers, or switches, and other electrical deficiencies. Tighten any loose connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Electric heater, no leaks</i>
4	Inspect fan for bent blades, unbalance, excessive noise and vibration.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>all good</i>
5	Check motor and fan shaft bearings for noise, vibration, overheating, lubricate bearings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>all good</i>
6	Verify proper control by modulating the thermostat through complete cycle.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>done</i>
7	Inspect unit for proper operation and associated T-Slat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>done</i>
8	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>all good</i>

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To be performed by: HVAC Technician

**Additional Notes:** *This is for a clear Heater located in Kitchen. Cleaned & works great.*

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**GREASE TRAP**

**SITE AND BLDG #:** Rockville MD 21102

**LOCATION/RM #:** Exterior Kitchen **WO#** 11356 **ASSET #** 1556

**MECHANIC SIGNATURE:** John Decker

**DATE:** 12/11/9

**START TIME:** 145      **FINISH TIME:** 145

<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	Insure proper grease disposal. - tanks are pumped by local septic companies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Remove lid. If the trap is equipped with removable baffles, remove them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Trap Done</i>
4	Make sure the flow restrictor on the inflow pipe is present.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Done</i>
5	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Noted</i>
6	Replace lid and baffles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Done</i>
7	Return (or fill) water to grease trap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Done</i>
	Record grease trap maintenance activities on your log or request a receipt from your grease hauler. Keep records for 3 years. -In Maximo under WO#	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Done</i>

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

**Additional Notes:**