

CERTIFICATION OF WORK

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

FACID/Building: Alexandria VAC Date of Visit: 12/19/19

Contractor Personnel on Site:

1. Paul Donovan 2. _____

Work Performed:

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

1. 11358, 1134, 11363, 11326 Plac Filters + 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: Paul Donovan Date: 12/19/19

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: MARQUITA Y. GIVENS
CW2, JA Date: 19 Dec 19
Legal Administrator

Signed: [Signature]

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

MECHANIC SIGNATURE: [Signature] DATE: 12/4/19

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"/>		
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"/>		
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"/>		see notes
2	Inspect couplings and check for any pump seal leaks.	<input checked="" type="checkbox"/>		all good
3	Check motor mounts and vibration pads	<input checked="" type="checkbox"/>		all good
4	Tighten all pump flanges.	<input checked="" type="checkbox"/>		done/good
5	Visually check pump alignment and coupling -Report unusual vibration	<input checked="" type="checkbox"/>		done/good
6	Inspect electrical connections	<input checked="" type="checkbox"/>		all good

Asset # 1659 Sealed

#16604 lobed
" " lobed

#1661 A Siedel
" " B Siedel
" " C Siedel

Page 1 of 1

A 1662 Lubed

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GLYCOL TANK

SITE AND BLDG #: Rockville MD 20821 MECHANIC SIGNATURE: [Signature] DATE: 12/4/19
 LOCATION/RM #: McBain Cell 1000 WO# 11356 ASSET # 1664 START TIME: 9:55 FINISH TIME: 12:00

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	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"/>	all good
2	Clean, test and inspect sight glasses, valves, fittings, drains, and controls.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All sight glasses OK float assemblies OK structure looks good
3	Check condition of agitators and/or float assemblies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	If applicable, clean strainer(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Clean up work site - Report any issues	<input checked="" type="checkbox"/>	<input 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 EXPANSION TANKS

SITE AND BLDG #: Rockville MD2021
 LOCATION/RM #: 1135E WO# 1135E ASSET # 1663

MECHANIC SIGNATURE: [Signature] DATE: 12/4/19
 START TIME: 10:05 FINISH TIME: 10:10

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	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"/>	<u>No sight glass on tank</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 WATER SOFTENER

SITE AND BLDG #:

Rockville MD 2081MECHANIC
SIGNATURE:DATE: 12/4/19

LOCATION/RM #:

Helpdesk RoomWO# 11356ASSET # 1665 / 1666START TIME: 10:15FINISH TIME: 10:30

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"/>	<u>Done</u>
1	Drain the tank. a. Examine the exterior of the tank including fittings, gauges, manholes, and handholes for signs of leaks or corrosion. b. Inspect structural supports and insulation or coverings for defects or deterioration. c. Open the tank and remove rust or chemical deposits from interior tank surfaces. d. Inspect the interior of the tank for pitting, cracks, and other defects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>All good</u>
2	Lime Water Softener f. Dismantle vacuum breakers. Inspect stem, valve seat and spring. Repair as required. g. Inspect, clean, and flush the nozzle ring. h. Remove vent condenser heads and clean the tubes. i. Inspect and clean the sight glass, level indicators, and level controllers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>All good</u>
3	Zeolite Water Softener j. Check the filter bed for proper level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>good</u>
4	Anthracite Water Softener. k. Check the filter bed for proper level	<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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST UNIT HEATER, INFRA-RED, RADIANT, GAS

SITE AND BLDG #:

Rockville MD 20821

MECHANIC SIGNATURE:

DATE: 12/4/19

LOCATION/RM #:

7th Hall WO# 11356 ASSET # 2106START TIME: 10:35FINISH TIME: 11:10

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		YES	NO	
SPECIAL INSPECTION				
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"/>		
TYPICAL PERFORMED BY: <u>PM</u> INSPECTION SERVICE				
1	For gas/oil heaters: 1. Remove access panels if applicable. 2. Check the fire box liner or refractory for cracks and leaks. 3. Check all gas lines for leaks. Repair as needed.	<input checked="" type="checkbox"/>		<u>done</u>
2	Clean dirt from heater. Vacuuming is preferred.	<input checked="" type="checkbox"/>		<u>good</u>
3	Check operation of gas valve.	<input checked="" type="checkbox"/>		<u>no leaks detected</u>
4	Check for gas leaks.	<input checked="" type="checkbox"/>		<u>detected</u>
5	Check operation of thermostat.	<input checked="" type="checkbox"/>		<u>N/A</u>
6	If applicable, replace primary air intake filter.	<input checked="" type="checkbox"/>		<u>noted</u>
7	As needed, clean spark electrode and reset gap, replace if necessary.	<input checked="" type="checkbox"/>		<u>done/good</u>
8	Inspect flue pipe and connections.	<input checked="" type="checkbox"/>		<u>done/good</u>
9	If applicable, inspect and clean outside air blower and blower intake.	<input checked="" type="checkbox"/>		<u>done/good</u>
10	Inspect unit for proper operation.	<input checked="" type="checkbox"/>		<u>done/good</u>
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>		<u>done/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: HVAC Technician

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST UNIT HEATER, ELECTRIC

SITE AND BLDG #: Kokville MP2021MECHANIC SIGNATURE: [Signature] DATE: 12/4/19LOCATION/RM #: KTBur WO# 11356 ASSET # 2107START TIME: 11:15 FINISH TIME: 11:35

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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	Check heater coils and associated piping for leaks or corrosion.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electric heater/ no leaks
2	Clean heating coil. Brush vacuum where accessible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done/good
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"/>	all good
4	Inspect fan for bent blades, unbalance, excessive noise and vibration.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all good
5	Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	clean/good
6	Verify proper control by modulating the thermostat through complete cycle.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
7	Inspect unit for proper operation and associated T-Stat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
8	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<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 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: This is for a coil heater located in KTBur. Cleared + works great.

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GREASE TRAP

SITE AND BLDG #: Rockville MD 2081 MECHANIC SIGNATURE: [Signature] DATE: 12/1/19
 LOCATION/RM #: Extension of kitchen WO# 11356 ASSET # 1556 START TIME: 1145 FINISH TIME: 1145

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	Insure proper grease disposal - tanks are pumped by local septic companies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Remove lid. If the trap is equipped with removable baffles, remove them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
3	Make sure the flow restrictor on the inflow pipe is present.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
4	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Noted</u>
5	Replace lid and baffles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
6	Return (or fill) water to grease trap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
7	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"/>	<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 Technician
 Additional Notes: