

CERTIFICATION OF WORK

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

FACID/Building: *Rockville MD021* Date of Visit: *2/5/2020*

Contractor Personnel on Site:

1. *Patrick Donovan*

2.

Work Performed:

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

1. *11597, 11658, 11705, 11598, 11695, Filter Change on all AHU's, Water Treatment, Ice Maker, Refrigerators, Water Heaters*

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: *2/5/2020*

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: *Ms. Jennifer Lerner* Date: *5 FEB 20*

Signed: *[Signature]*

E-Mail: *jennifer.lerner.m. (a) m. / . m. /*

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOMESTIC HOT WATER HEATER - ELECTRIC

SITE AND BLDG #:

Rockville MD 20821

MECHANIC SIGNATURE:



DATE:

2/4/2020

LOCATION/RM #:

Mechanical WO# 11659

ASSET #

1553

START TIME:

11/15

FINISH TIME:

11:30

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS
		YES	NO	
1	Follow lock out/tag out procedures at all times. De-energize or discharge all bydraulic, electrical, mechanical, or thermal energy prior to beginning work.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	Attach drain hose. Drain several gallons from tank to remove sediment.	<input type="checkbox"/>	<input type="checkbox"/>	Small in line water heater
2	Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge.	<input type="checkbox"/>	<input type="checkbox"/>	N/A
3	Check all connections - electric and water. Tighten as necessary. Ensure power is disconnected to electric heaters prior to checking connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Done
4	Check operation/ setting of aquastat. Check hot water temperature with dial thermometer. set aquastat at minimum value required for all uses.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Done
5	Check amperage draw of upper and lower elements and compare to name plate data.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMP READINGS L1 _____ L2 _____
8	Clean up work area and remove trash.	<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: General Maintenance Worker

Additional Notes: