

CERTIFICATION OF WORK

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

FACID/Building: *Rockville MD021* Date of Visit: *3/11/20*

Contractor Personnel on Site:

1. *Patrick Donovan* 2.

Work Performed:

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

1. *11813, 11857, 11876, 11897, 11858, 11877 Fan coil units, Filters, Hot water pumps, Expansion Tank, Glycol feeder, Water Softners, Heaters, Service Calls - Service Call Number and Description Vehicle Exhaust.*

1. CSS#

2. CSS#

3. CSS#

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: *Patrick Donovan* Date: *3/11/20*

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: *Richard Chuck/GS09* Date: *11 MAR 20*

Signed: *[Signature]*

E-Mail: *richard.a.chuck.c@mail.mil*

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GREASE TRAP

SITE AND BLDG #:

Edwards MD 2031

MECHANIC  
SIGNATURE:


DATE:

3/6/20

LOCATION/RM #:

Exterior of WO# 11827 ASSET # 1546

START TIME:

1:45

FINISH TIME:

2:00

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"/>	
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"/>	
3	Make sure the flow restrictor on the inflow pipe is present.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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"/>	
5	Replace lid and baffles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Return (or fill) water to grease trap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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"/>	

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:

Should some grease can needs to be cleaned

Service Ticket created

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST AIR CURTAIN

SITE AND BLDG #: Rockville MP001MECHANIC SIGNATURE: [Signature]DATE: 3/9/20LOCATION/RM #: kitchen WO# 11857 ASSET # 2107START TIME: 10:00FINISH TIME: 10:20

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	Disconnect the power to the unit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
2	Remove the intake grille by removing all screws around the edges.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
3	Vacuum and wash (if necessary) to remove the buildup of dirt and debris.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done / good</u>
4	If necessary, lubricate the motors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
5	Reinstall the cover and intake grille.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
6	Verify proper operation of unit. Make and/or recommend any needed repairs.	<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 UNIT HEATER, INFRARED, RADIANT, GAS

SITE AND BLDG #: Rockville MD021MECHANIC SIGNATURE: [Signature]DATE: 2/9/20LOCATION/RM #: Drill Hall WO# 11857 ASSET # 2106START TIME: 9:05FINISH TIME: 9:55

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"/>		
1	For gas/oil heaters: 1. Remove access panels if applicable. 2. Check the fire box liner or refractory for cracks and leaks. 3. <u>Check all gas lines for leaks. Repair as needed.</u>	<input checked="" type="checkbox"/>		No leaks detected
2	Clean dirt from heater. vacuuming is preferred.	<input checked="" type="checkbox"/>		done / good
3	Check operation of gas valve.	<input checked="" type="checkbox"/>		all gas good
4	Check for gas leaks.	<input checked="" type="checkbox"/>		all gas good
5	Check operation of thermostat.	<input checked="" type="checkbox"/>		all good
6	If applicable, replace primary air intake filter.	<input checked="" type="checkbox"/>		all good
7	As needed, clean spark electrode and reset gap, replace if necessary.	<input checked="" type="checkbox"/>		all good
8	Inspect flue pipe and connections.	<input checked="" type="checkbox"/>		all good
9	If applicable, inspect and clean outside air blower and blower intake.	<input checked="" type="checkbox"/>		all good
10	Inspect unit for proper operation.	<input checked="" type="checkbox"/>		all good
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>		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:

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST CHEMICAL BYPASS/POT FEEDER

SITE AND BLDG #: Rockville MD021MECHANIC SIGNATURE: [Signature] DATE: 2/6/20LOCATION/RM #: Mechanical Room WO# 11857 ASSET # 1664START TIME: 10:25 FINISH TIME: 10:35

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	Check physical condition of feeder. Clean and/or repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
2	Check valves for proper operation. Ensure no leaks are present and repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>There are no leaks visible</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 #:

Kokville MD021

MECHANIC  
SIGNATURE:


DATE:

3/6/20

LOCATION/RM #:

Medanied  
Kokville WO#

11857

ASSET #

1663

START TIME:

10:05

FINISH TIME:

10:20

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"/>	done full speed
2	Insure level is between 1/2 and 3/4 sight glass. Correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no sight glass on tank

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 CIRCULATING AND BOOSTER PUMPS

SITE AND BLDG #: Rockville MD221  
 LOCATION/RM #: Mechanical Room WO# 11857 ASSET # Set Notes

MECHANIC SIGNATURE: [Signature] DATE: 3/5/20  
 START TIME: 9:20 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"/>	
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>Done / good</u>
2	Inspect couplings and check for any pump seal leaks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done / no leaks detected</u>
3	Check motor mounts and vibration pads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done / all good</u>
4	Tighten all pump flanges.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done / good</u>
5	Visually check pump alignment and coupling -Report unusual vibration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
6	Inspect electrical connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done / 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 ✓  
1660 ✓  
1661 ✓  
1662 ✓

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST WATER SOFTENER

SITE AND BLDG #:

Rockville MD 20821

MECHANIC  
SIGNATURE:

[Signature]

DATE:

3/9/20

LOCATION/RM #:

Medford

WO# 11857

ASSET # 1665T/1666

START TIME:

9:05

FINISH TIME:

9:25

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"/>		
TO BE ACCOMPLISHED BY THE PREVENTATIVE MAINTENANCE PROGRAM				
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"/>		
2	<b>Lime Water Softener</b> 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"/>		
3	<b>Zeolite Water Softener</b> j. Check the filter bed for proper level	<input checked="" type="checkbox"/>		
4	<b>Anthracite Water Softener.</b> k. Check the filter bed for proper level	<input checked="" 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: