

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 Softeners, 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/MAR20

Signed: [Signature]

E-Mail: richard.a.chuck.civ@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **UNIT HEATER, INFRARED, RADIANT, GAS**

SITE AND BLDG #:

Bedford MD 21031

MECHANIC SIGNATURE:

[Signature]

DATE:

3/6/20

LOCATION/RM #:

Ball 9

WO#

11976

ASSET #

2108

START TIME:

2:00

FINISH TIME:

2:30

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"/>		
2	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>
3	Clean dirt from heater. Vacuuming is preferred.	<input checked="" type="checkbox"/>		<u>Done</u>
4	Check operation of gas valve.	<input checked="" type="checkbox"/>		<u>Done</u>
5	Check for gas leaks.	<input checked="" type="checkbox"/>		<u>Done</u>
6	Check operation of thermostat.	<input checked="" type="checkbox"/>		<u>Done</u>
7	If applicable, replace primary air intake filter.	<input checked="" type="checkbox"/>		<u>Done</u>
8	As needed, clean spark electrode and reset gap, replace if necessary.	<input checked="" type="checkbox"/>		<u>Done</u>
9	Inspect flue pipe and connections.	<input checked="" type="checkbox"/>		<u>Done</u>
10	If applicable, inspect and clean outside air blower and blower intake.	<input checked="" type="checkbox"/>		<u>Done</u>
11	Inspect unit for proper operation.	<input checked="" type="checkbox"/>		<u>Done</u>
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" 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: HVAC Technician

Additional Notes: