

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 MAR 20*

Signed: *[Signature]*

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

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

SITE AND BLDG #: Rockville MD081MECHANIC SIGNATURE: [Signature] DATE: 3/6/20LOCATION/RM #: BLDG # 7 WO# 11817 ASSET # 2124START TIME: 10:30 FINISH TIME: 12:45

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS	
		YES	NO	(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)	
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: