

PREVENTIVE MAINTENANCE CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FAC ID Building: Rockville MD021 Date of Visit: 2/8/19

Contractor Personnel on Site:

1. Patrick Donovan

4.

5.

5.

6.

6.

Work Performed:

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

7. LIST WORK: 7236, 7237

8. Water Heaters, Refrigerator, Ice maker, Filters

8.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan

Date: 2/8/19

Signed: [Signature]

To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name Rank: SJ Rhoads

Date: 2/8/19

Signed:

[Signature]

E-Mail:

stephen.j.rhoads.civ@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST ICE MAKER

SITE AND BLDG #: Rockville #1021 MECHANIC SIGNATURE: [Signature] DATE: 2/8/19
LOCATION/RM #: Kitchen WO# 7236 ASSET # 1553 START TIME: 9:10 FINISH TIME: 9:30

ITEM NO.	CHECKPOINT DESCRIPTION	TICK BOXES		NOTES / ACTIONS
		YES	NO	
1	Review manufacturer's instructions.	<input checked="" type="checkbox"/>		<u>Signal added and Read Tag</u>
2	De-energize, lock out, and tag electrical circuits.	<input checked="" type="checkbox"/>		
3	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.		<u>N/A</u>	<u>unit in use</u>
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	<input checked="" type="checkbox"/>	<u>N/A</u>	<u>unit in use</u>
5	Only approved cleaning chemicals shall be used.			
TO BE COMPLETED BY THE MAINTENANCE WORKER				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>		<u>unit not working W.O. in system</u>
2	Visually check for refrigerant, oil and water leaks.		<u>N/A</u>	<u>done no leaks visible</u>
3	Inspect ice condition/size.		<u>N/A</u>	<u>see notes</u>
4	As needed, drain and clean unit with proper ice machine cleaning solution.		<u>N/A</u>	<u>see notes</u>
5	Check date on water filter. Replace as needed. Water filters should be changed annually at a minimum.	<input checked="" type="checkbox"/>		<u>Replaced filter done</u>
6	Check and tighten any loose screw-type electrical connections.	<input checked="" type="checkbox"/>		<u>see notes</u>
7	Check all controls; adjust if necessary.		<u>N/A</u>	<u>see notes</u>
8	Examine water connection: open and close water valve; test ice dispensing valve and (door) metering adjustment.	<input checked="" type="checkbox"/>		<u>Good</u>
9	Check and clear ice machine draining system (drain vent, strainer, trap).		<u>N/A</u>	<u>see notes</u>
10	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	<input checked="" type="checkbox"/>		<u>Good</u>
11	Clean motor, compressor, and condenser coil.	<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: General Maintenance Worker
Additional Notes:

Unit/Asset is not operating. Work order has been put in system

Service Call W.O. 75814

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **DOMESTIC HOT WATER HEATER - GAS**

SITE AND BLDG #:

Rockville MD 2081

MECHANIC SIGNATURE:

[Signature]

DATE:

2/26/19

LOCATION/RM #:

Room WO# 7236

ASSET #

1555

START TIME:

9:35

FINISH TIME:

10:05

SPECIAL INSTRUCTIONS

1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.	<input checked="" type="checkbox"/>		
2	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"/>		
3	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.	<input checked="" type="checkbox"/>		
4	Do not allow any open flames around equipment.	<input checked="" type="checkbox"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>		<i>Done</i>
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 checked="" type="checkbox"/>		<i>Good all tight</i>
3	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>		<i>Good</i>
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses.	<input checked="" type="checkbox"/>		<i>Done/Good</i>
5	Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.	<input checked="" type="checkbox"/>		<i>N/A no tank</i>
6	Clean sight glasses on tanks.	<input checked="" type="checkbox"/>		<i>N/A</i>
7	Clean strainer, check condition of traps. Report and repair leaks.	<input checked="" type="checkbox"/>		<i>Good</i>
8	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.	<input checked="" type="checkbox"/>		<i>Done</i>
9	If applicable, Remove and inspect Anode; replace if necessary	<input checked="" type="checkbox"/>		<i>N/A</i>
10	Clean up work area and remove trash.	<input checked="" type="checkbox"/>		<i>Done</i>

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To be performed by: General Maintenance Worker
Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST REACH-IN REFRIGERATORS / FREEZERS

SITE AND BLDG #: Rockville MD021

MECHANIC SIGNATURE: 

DATE: 2/8/19

LOCATION/RM #: Kitchen WO# 2236 ASSET # 1554

START TIME: 10:15

FINISH TIME: 10:45

CHECK ITEM	CROSS-REFERENCED SPECIFICATIONS	COMPLETION		NOTES/ACTIONS
		Y/N	40	
1	Review manufacturer's instructions.	<input checked="" type="checkbox"/>		
2	De-energize, lock out, and tag electrical circuits.	<input checked="" type="checkbox"/>		
3	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	<input checked="" type="checkbox"/>		Unit in use
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	<input checked="" type="checkbox"/>		Unit in use
5	Closely follow all safety procedures described in the Safety Data Sheet (SDS) for the refrigerant and to all labels on refrigerant containers.	<input checked="" type="checkbox"/>		Done
10-01-2019-10:15 AM TO 10:45 AM				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>		#1554#02 is not working/sec notes
2	Verify indicator light on; check compartment temperature.	<input checked="" type="checkbox"/>		Good
3	Examine evaporator for proper clearances/slope and air flow.	<input checked="" type="checkbox"/>		Good
4	Examine handles, hinges and tightness of door closure.	<input checked="" type="checkbox"/>		all good
5	Examine safety door release and fan shut down safety switch.	<input checked="" type="checkbox"/>		Good
6	Inspect lighting for burnt out lamps.	<input checked="" type="checkbox"/>		Good
7	Check starter panels and controls for proper operation, burned or loose contacts, and loose connections.	<input checked="" type="checkbox"/>		Good ft. light
8	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	<input checked="" type="checkbox"/>		coil good (motors good)
9	Clean condenser coil and condensing unit section.	<input checked="" type="checkbox"/>		Good
10	Clean and inspect defrost evaporation trays/pans.	<input checked="" type="checkbox"/>		Good
11	Inspect defrost systems for proper operation, including timer; adjust as required. Have automatic defrosters adjusted as required so freezer will defrost during "Off Peak" hours	<input checked="" type="checkbox"/>		brach good
12	Check operation of thermostats; calibrated as required.	<input checked="" type="checkbox"/>		Good
13	Check coil superheat and adjust to manufacturers recommendations.	<input checked="" type="checkbox"/>		done
14	Inspect and service all electric motors.	<input checked="" type="checkbox"/>		all good

CHECK NO.	CHECK DESCRIPTION	HAS DEFICIENCY		NOTES / ACTIONS
		YES	NO	
15	Inspect door gaskets for damage and proper fit; adjust gaskets as required and lubricate hinges with food grade oil.	✓		all good
16	Check door gasket heater.	✓		all good
17	Check box floor for water or ice accumulation.	✓		clear
18	Check box for excessive ice build-up and open seams.	✓		clear

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To be performed by: General Maintenance Worker

Additional Notes:

Asset # 1554 #02 is not operating correctly. Service ticket CS.S. 7585

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST Filter Replacement

SITE AND BLDG #:

Rockville MD021

MECHANIC
SIGNATURE:

[Signature]

DATE:

2/8/19

LOCATION/RM #:

Kitchen Ice Maker

START TIME: 9:00

FINISH TIME: 9:10

Site Location	WO #	Asset #	PM #	Manufac turer	Model Number	Serial #	Asset Description	Asset Location
MD021		1553		Hoshizaki	KWS15MAH	E083934	Ice Maker	Kitchen

ITEM #	DESCRIPTION	DATE	TIME	STATUS	REMARKS
1	Check, clean, and/or replace both internal and external filters as necessary.			✓	Changed filter
2	Label and Date Filter			✓	Make sure YELLOW Maint Tag is initialed on Asset
3	Did YELLOW Maintenance Tag get Initialed			✓	
3	Did all High Asset Filters get Changed			✓	
1	Refrain: Evaporator i4000 2# EV9612-32			✓	

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: GMW Additional Notes:

Filter Replacement

MECHANIC SIGNATURE: [Signature] DATE: 2/8/19

START TIME:	FINISH TIME:
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Site Location	WO #	Asset #	PM #	Manufac turer	Model Number	Serial #	Asset Description	Asset Location
MD021		2123		Carrier	6017 AAA4	030103706	Engineer	134 #2
					CD34 XA03			

[illegible]

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: **GMW Additional Notes:**

Filter Replacement

Rockville MD 024

1

2/28/19

Ku 11b

12:00

1215

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
MD021		2101AHV#		Emerson	Edconline 44HV2013	058949	Air Handler unit	Zone 116

Check, clean, and/or replace both internal and external filters as necessary.				
1	Check, clean, and/or replace both internal and external filters as necessary.	<input checked="" type="checkbox"/>		<i>done / cool</i>
2	Label and Date Filter	<input checked="" type="checkbox"/>		<i>done</i>
3	Did YELL. LOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Make sure YELLOW Maint Tag is initialed on Asset
3	Did all High Asset Filters get Changed		<input checked="" type="checkbox"/>	<i>unit on ground</i>
2	<i>16X25X2</i>	<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: **GMW Additional Notes:**

Filter Replacement

Rockville MD 20851

DATE: 2/8/19

START TIME: 12:30

FINISH TIME: 1:00

其人

filters are good
filters are good

Ass# 2098 3

Asset # 2099