

### CERTIFICATION OF WORK

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

FACID/Building: Rockville MD021 Date of Visit: 4/10/19

Contractor Personnel on Site:

1. Patrick Donovan 2. \_\_\_\_\_

#### Work Performed:

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

1. 8219, 8220, 8221 Thermostats (Annual)

**Service Calls** – Service Call Number and Description

1. CSS# \_\_\_\_\_  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

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### CERTIFICATION OF WORK

To be signed by the Contractor:

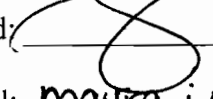
Print Name: Patrick Donovan Date: 4/10/19

Signed: 

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: Mayra Maldonado / CPT Date: 4/10/19

Signed: 

E-Mail: mayra.i.maldonadogonzalez.mil@mail.mil

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **THERMOSTATS**

SITE AND BLDG #: Rockville MD021

MECHANIC SIGNATURE: [Signature] DATE: 4/8/19

LOCATION/RM #: Room 111 Bldg #1 WO# 8219 ASSET # 522

START TIME: 9:00 FINISH TIME: 1:30

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.	<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"/>	
1	If EMS (Energy Management System) exists, run the manufacturer's diagnostic software for the wireless system. This diagnostic shall produce a report of all functional aspects of the wireless system indicating faults that should be addressed in this maintenance.	<input checked="" type="checkbox"/>	<u>[Signature]</u>
2	Review all zone set points at the server.	<input checked="" type="checkbox"/>	<u>[Signature]</u>
3	Inspect thermostat installation; ensure mounting is correct, fastened secure and that the thermostat is not blocked by equipment generating heat or furniture blocking air circulation.	<input checked="" type="checkbox"/>	<u>[Signature]</u>
4	Remove thermostat cover and lightly blow away any accumulated dust with canned low pressure air.	<input checked="" type="checkbox"/>	<u>[Signature]</u>
5	Check time-of-day schedule to confirm consistency with facility operation. Adjust schedule as needed.	<input checked="" type="checkbox"/>	<u>[Signature]</u>
6	If applicable, replace battery as needed.	<input checked="" type="checkbox"/>	<u>[Signature]</u>

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct materials) 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:

Asset # 1268 ✓

# 1269 ✓

# 1270 ✓

# 1271 ✓

# 1272 ✓