

CERTIFICATION OF WORK

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

FACID/Building: Rockville MD 021 Date of Visit: 5/10/19

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

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

1. 8490, 8521, 8552, 8491, 8522, 8553, AHU's, Dehumidifier, Water Heater
Condensing Units, Furnace.

Service Calls – Service Call Number and Description

1. CSS# _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 5/10/19

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: Stephen J. Rhoads Date: 5/11/19

Signed: [Signature]

E-Mail: stephen.j.rhoads.civ@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST OUTDOOR CONDENSING UNIT

SITE AND BLDG #: Rockville MD021LOCATION/RM #: Exterior WO# 8521 ASSET # 2104
2103MECHANIC SIGNATURE: [Signature]DATE: 5/9/19START TIME: 10:20FINISH TIME: 12:10

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	Schedule outage of unit with personnel in area the unit serves.	<input checked="" type="checkbox"/>	
3	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"/>	
4	If disposal of the equipment is required, follow regulations concerning removal of refrigerants and disposal of the unit.	<input checked="" type="checkbox"/>	
1	Remove debris from air screen and clean underneath unit.	<input checked="" type="checkbox"/>	<u>done</u>
2	Wash coil with coil cleaning solution - Rinse Thoroughly	<input checked="" type="checkbox"/>	<u>done</u>
3	Straighten fin tubes with fin comb, as needed.	<input checked="" type="checkbox"/>	<u>all good</u>
4	Check electrical connections for tightness.	<input checked="" type="checkbox"/>	<u>done/good</u>
5	Check mounting base for tightness.	<input checked="" type="checkbox"/>	<u>done/good</u>
6	Inspect fans for bent blades, unbalance, excessive noise and vibrations.	<input checked="" type="checkbox"/>	<u>done</u>
7	Inspect all piping for leaks and tighten loose connections.	<input checked="" type="checkbox"/>	<u>no leaks visible</u>
8	Check wires at condenser electrical fused safety switches for tightness and burned insulation. Repair as necessary.	<input checked="" type="checkbox"/>	<u>all good</u>
9	Check supply air temperature to ensure unit is operating properly. If possible record room temperature.	<input checked="" type="checkbox"/>	<u>good</u> <u>67°</u>
10	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<u>good</u>
11	Clean up work area.	<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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST AIR HANDLER

SITE AND BLDG #: Rockville MD021 MECHANIC SIGNATURE: [Signature] DATE: 5/
 LOCATION/RM #: see notes WO# 8521 ASSET # see notes START TIME: 9:40 FINISH TIME: 10:20

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE, CHECK MARKED, PROVIDE EXPLANATION)
		YES	NO	
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"/>	<input type="checkbox"/>	
2	Remove power at Drive or at Breaker Panel. Verify with tester or meter that power has been removed. Install lock out tag out if servicing alone or in confined space for safety precautions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOR REPORTED & PREVENTATIVE INSPECTION SERVICE				
1	Check fan blades and moving parts for cracks and excessive wear.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all good
2	Check running motor amperatures on all three phases (record in note column) notate L1, L2, and L3 amp draws.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	L1 2.1 L2 2.0 L3 2.1 201, 2045 NOT in use
3	Tighten all electrical connectors/lugs to proper torque.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Done
4	If unit is a multi-zone air handler, then check each individual zone damper and associated controls.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No multi zone unit
5	Check bearing collar set screws on fan shaft to make sure they are tight.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Done
6	Check filters for dirt accumulations, replace as necessary. Check belt, repair or replace as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Done (changed, signed + dated)
7	Check damper actuators and linkage for proper operation. Adjust linkage on dampers if out of alignment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Done
8	Lubricate mechanical bearings and connections sparingly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Done (good)
9	Clean coils by brushing, blowing, vacuuming, or pressure washing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Done (good)
10	Check coils for leaking, tightness of fittings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no leaks visible
11	Use fin comb to straighten coil fins.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done good
12	If applicable, clean strainer (annually).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13	Flush and clean condensate pans and drains, remove all rust prepare metal and paint. Hose down coils and drain pans and wash with an appropriate EPA approved solution approved solution. Treat condensate pans with an EPA approved biocide.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done good

CHECK POINT NO.	CHECK POINT DESCRIPTION	TASK COMPLETED		NOTES/ACTIONS (IF TASK COMPLETED IN CHECKED NO. PROVIDE EXPLANATION)
		YES	NO	
14	Check belts for wear and cracks, adjust tension or alignment. Replace belts when necessary. Multi-belt drives shall only be replaced with matched sets.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	good
15	Check rigid couplings for alignment on direct drives, and for tightness of assembly. Check flexible couplings for alignment and wear.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
16	Check and test frezestat for proper operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done/good
17	Vacuum interior of unit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
18	Check filter doors and access doors for proper gasketing and air leaks. Correct as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done/good
19	Lubricate fan shaft bearings while unit is running. Add grease slowly until slight bleeding is noted from the seals. Do not over lubricate. Remove old or excess lubricant.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
20	Clean up work area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done

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To be performed by: HVAC Technician

Additional Notes:

Asset # 2098 location Drill Hall ✓ Good/Filter Changed } units not in use.
 # 2099 Drill Hall ✓ Good Filter Changed }
 # 2101 Rm 127 ✓ Good Filter Changed }

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DEHUMIDIFIER

SITE AND BLDG #:

Rockville MP021

MECHANIC
SIGNATURE:


DATE:

5/8/19

LOCATION/RM #:

Amps 1st

WO #

8521

ASSET #

2111

START TIME:

10:00

FINISH TIME:

10:15

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)	
		YES	NO		
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"/>	<input 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"/>	<input type="checkbox"/>		
1	Check water inlet and outlet for any leaks, repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Done
2	Clean and/or replace filter as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Done
3	If applicable, check hours per usage, replace tanks's as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Done

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To be performed by: General Maintenance Worker

Additional Notes: