

CERTIFICATION OF WORK

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

FACID/Building: *Rockville MD021* Date of Visit: *6/21/19*

Contractor Personnel on Site:

1. *Patrick Donovan*

2.

Work Performed:

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

1. *8860, 8893, 8938, 8952, 8894, 8939, 8895*

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: *6/21/19*

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: *James F. Ryan SFC FT* Date: *21 Jun 19*

Signed: *[Signature]*

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EXHAUST FANS

SIGNATURE: MECHANIC SIGNATURE:  DATE: 6/20/19

SITE AND BLDG #: Kochville MDO21 **LOCATION/RM #:** Thermal Blower **WO#** 8893 **ASSET #** Scree

START TIME: 1600 **FINISH TIME:** 2:30

| CHECK POINT | CHECK MEDIUM DESCRIPTION | TASK COMPLETE | | NOTES |
|--|--|-------------------------------------|--------------------------|-----------------------------|
| | | 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 | Schedule shutdown with operating personnel, as needed. | <input checked="" type="checkbox"/> | <input 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"/> | <input type="checkbox"/> | |
| TOOL, EQUIPMENT, AND INSPECTION SERVICE | | | | |
| 1 | Clean unit, especially fan blades. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>done</i> |
| 2 | Inspect pulleys, belts, couplings, etc.: adjust tension and tighten mountings as necessary. Change badly worn belts. Multiple belts should be replaced with matched sets. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>cool</i> <i>done</i> |
| 3 | Perform required lubrication and remove old or excess lubricant. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>done</i> |
| 4 | Clean motor with vacuum or low pressure dry air (less than 40 psig). Check for obstructions in motor cooling and air flow. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>done</i> |
| 5 | Check structural members, vibration eliminators, and flexible connections. Check fan housing to ensure there is no damage and the housing is tight. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Start unit and check for vibration and noise. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>all good</i> |
| 7 | Remove all trash and debris. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>clean</i> <i>done</i> |

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:

Ass't # 1264 ✓

1266 ✓

1265 ✓

1267 ✓