

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. Blane SFC FT* Date: *21 Jun 19*

Signed: *[Signature]*

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**

**EXHAUST FANS**

**SITE AND BLDG #:**

**Packville M2021**

**MECHANIC**

**SIGNATURE:**

**6/24/19**

**DATE:**

**LOCATION/RM #:**

**Bldg# WO# 8895 ASSET# 1284**

**START TIME:**

**10:30**

**FINISH TIME:**

**10:45**

| STANDARD                       | DESCRIPTION  | PAIN COMPLIANT                      |                          | NOTES            | ACTIONS |
|--------------------------------|--|-------------------------------------|--------------------------|------------------|---------|
|                                |  | 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"/> |                  |         |
| TURBINE FAN INSPECTION SERVICE |  | STANDARD                            |                          | NOTES            |         |
| 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>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"/> | <i>done</i>      |         |
| 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>done/good</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:**