

CERTIFICATION OF WORK

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

FACID/Building: Radville MD021 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# \_\_\_\_\_

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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 Rhoads Date: 5/14/19

Signed: [Signature]

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

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOMESTIC HOT WATER HEATER - GAS

ACTIVITY AND BLDG #:

Rockville MD 20821MECHANIC  
SIGNATURE:DATE: 5/9/19LOCATION: Boiler RoomSIZE: 85 gal BTU/HRSTART TIME: 8:25FINISH TIME: 8:50

ITEM NO.	CHECKLIST DESCRIPTION	COMPLETION		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"/>		
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"/>		
1	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>		<u>close</u>
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"/>		<u>good</u>
3	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>		<u>all good</u>
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"/>		<u>done / good</u>
5	Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.	<input checked="" type="checkbox"/>		<u>done</u>
6	Clean sight glasses on tanks.	<input checked="" type="checkbox"/>		<u>done</u>
7	Clean strainer, check condition of traps. Report and repair leaks.	<input checked="" type="checkbox"/>		<u>done</u>
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"/>		<u>done</u>
9	If applicable. Remove and inspect Anode, replace if necessary	<input checked="" type="checkbox"/>		<u>done</u>
10	Clean up work area and remove trash.	<input checked="" type="checkbox"/>		<u>done</u>

Note: The Contractor shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence.

Checklist compiled in accordance with:

- General Services Administration (GSA) Public Building Service, 2012, *Public Buildings Maintenance Standards Final*, October 1.

- Original equipment manufacturers (OEM) documentation for exact or similar assets, which can be located at (Provide Link to OEM Manual/Asset Library)

**Additional Notes:**

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST ICE MAKER

SITE AND BLDG #: Rockville MD021 MECHANIC SIGNATURE: [Signature] DATE: 5/9/19  
 LOCATION/RM #: Kitchen WO# 8490 ASSET # 1553 START TIME: 8:55 FINISH TIME: 9:15

ITEM #	CHECK/DEFICIENCY	TASK COMPLETE		NOTES/ACTIONS
		YES	NO	
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"/>		
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	<input checked="" type="checkbox"/>		Sealed & dated Mail Record Tag
5	Only approved cleaning chemicals shall be used.	<input checked="" type="checkbox"/>		
TO BE PERFORMED BY THE PERSON RESPONSIBLE FOR SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>		Done
2	Visually check for refrigerant, oil and water leaks.	<input checked="" type="checkbox"/>		Done/good
3	Inspect ice condition/size.	<input checked="" type="checkbox"/>		Good
4	As needed, drain and clean unit with proper ice machine cleaning solution.	<input checked="" type="checkbox"/>		Good
5	Check date on water filter. Replace as needed. Water filters should be changed annually at a minimum.	<input checked="" type="checkbox"/>		Done/good
6	Check and tighten any loose screw-type electrical connections.	<input checked="" type="checkbox"/>		Done/good
7	Check all controls; adjust if necessary.	<input checked="" type="checkbox"/>		Good
8	Examine water connection, open and close water valve; test ice dispensing valve and (door) metering adjustment.	<input checked="" type="checkbox"/>		Done/good
9	Check and clear ice machine draining system (drain vent, strainer, trap).	<input checked="" type="checkbox"/>		Good
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"/>		Good
11	Clean motor, compressor, and condenser coil.	<input checked="" type="checkbox"/>		Done

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST  
REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: Rockville 472021

MECHANIC SIGNATURE: [Signature]

DATE:

LOCATION/RM #: Kitchen WO# 8490 ASSET # 1554

START TIME: 9:20

FINISH TIME: 9:40

ITEM NO.	DESCRIPTION	TAKEN TO		NOTES/ ACTIONS
		YES	NO	
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"/>		
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	<input checked="" type="checkbox"/>		
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"/>		
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>		<u>Done</u>
2	Verify indicator light on; check compartment temperature.	<input checked="" type="checkbox"/>		<u>Done</u>
3	Examine evaporator for proper clearances/slope and air flow.	<input checked="" type="checkbox"/>		<u>all good</u>
4	Examine handles, hinges and tightness of door closure.	<input checked="" type="checkbox"/>		<u>good / done</u>
5	Examine safety door release and fan shut down safety switch.	<input checked="" type="checkbox"/>		<u>all good</u>
6	Inspect lighting for burnt out lamps.	<input checked="" type="checkbox"/>		<u>all good</u>
7	Check starter panels and controls for proper operation, burned or loose contacts, and loose connections.	<input checked="" type="checkbox"/>		<u>done</u>
8	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	<input checked="" type="checkbox"/>		<u>done / good</u>
9	Clean condenser coil and condensing unit section.	<input checked="" type="checkbox"/>		<u>done / good</u>
10	Clean and inspect defrost evaporation trays/pans.	<input checked="" type="checkbox"/>		<u>good</u>
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"/>		<u>good</u>
12	Check operation of thermostats; calibrated as required.	<input checked="" type="checkbox"/>		<u>done</u>
13	Check coil superheat and adjust to manufacturers recommendations.	<input checked="" type="checkbox"/>		<u>done</u>
14	Inspect and service all electric motors.	<input checked="" type="checkbox"/>		<u>done</u>

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Item #	Description	Status		Remarks
		Completed	Not Completed	
15	Inspect door gaskets for damage and proper fit; adjust gaskets as required and lubricate hinges with food grade oil.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
16	Check door gasket heater.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
17	Check box floor for water or ice accumulation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
18	Check box for excessive ice build-up and open seams.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done

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To be performed by: General Maintenance Worker

Additional Notes: