

PREVENTIVE MAINTENANCE CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID Building: *Rockville MDO21* Date of Visit: *3/18/19*

Contractor Personnel on Site:

1. *Patrick Donovan*

4.

5.

5.

6.

6.

Work Performed:

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

- 5. LIST WO# *7652, 7743, 7847, 7656, 7747*
- 6. *Grease trap, Hot Water Pumps, Expansion Tank, Glycol Peeper*
- 8. *Water Softeners, Infrared Heaters, Door Heater, Unit Heater/AC,*
- 8. *Rooftop Package unit, Mini Split, Vehicle Exhaust, Gas Heaters*

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: *Patrick Donovan*

Date: *3/18/19*

Signed: *[Signature]*

To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name Rank: *Ms. C. Anton Jennifer*

Date: *3/18/19*

Signed: *[Signature]*

E-Mail: *lurmefirst@yahoo.com*

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **UNIT HEATER, INFRA-RED, RADIANT, GAS**

SITE AND BLDG #: Kataville MT2021
LOCATION/RM #: Mill Hall **WO#** 7652 **ASSET #** 2106

MECHANIC SIGNATURE: [Signature] **DATE:** 3/14/19
START TIME: 12:45 **FINISH TIME:** 1:20

CHECKLIST DESCRIPTION		TICKS COMPLETED		NOTES	
NO.	DESCRIPTION	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"/>			
1	For gas/oil heaters: 1. Remove access panels if applicable. 2. Check the fire box liner or refractory for cracks and leaks. 3. Check all gas lines for leaks. Repair as needed.	<input checked="" type="checkbox"/>			all good no leaks detected
2	Clean dirt from heater. vacuuming is preferred.	<input checked="" type="checkbox"/>			good
3	Check operation of gas valve.	<input checked="" type="checkbox"/>			good
4	Check for gas leaks.	<input checked="" type="checkbox"/>			no leaks detected
5	Check operation of thermostat.	<input checked="" type="checkbox"/>			good
6	If applicable, replace primary air intake filter.	<input checked="" type="checkbox"/>			u/a
7	As needed, clean spark electrode and reset gap. replace if necessary.	<input checked="" type="checkbox"/>			done
8	Inspect flue pipe and connections.	<input checked="" type="checkbox"/>			all good
9	If applicable, inspect and clean outside air blower and blower intake.	<input checked="" type="checkbox"/>			u/a
10	Inspect unit for proper operation.	<input checked="" type="checkbox"/>			good
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>			good

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 WATER SOFTENER

ACTIVITY AND BLDG #: Rockville MD021 MECHANIC SIGNATURE: [Signature] DATE: 2/1/19
 LOCATION: Mechanical Room W/O # 7652 Asset # 1666 + 1665 START TIME: 10:55 FINISH TIME: 11:30

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		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"/>	Suggested fluid level tags
2	Review manufacturer's instructions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Schedule shutdown with operating personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	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"/>	
TO BE PERFORMED BY TECH INSPECTION SERVICE				
1	Drain the tank. a. Examine the exterior of the tank including fittings, gauges, manholes, and handholes for signs of leaks or corrosion. Repair as necessary. b. Inspect structural supports and insulation or coverings for defects or deterioration. c. Open the tank and remove rust or chemical deposits from interior tank surfaces. d. Remove and clean all spray nozzles. e. Inspect the interior of the tank for pitting, cracks, and other defects.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Lime Water Softener f. Dismantle vacuum breakers. Inspect stem, valve seat and spring. Repair as required. g. Inspect, clean, and flush the nozzle ring. h. Remove vent condenser heads and clean the tubes. i. Inspect and clean the sight glass, level indicators, and level controllers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	good / done
3	Zeolite Water Softener j. Check the filter bed for proper level k. Take samples of the resin according to manufacturer's instructions and send to a lab for analyses.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (If Task Completed, Checkmark, NO, PROVIDE EXPLANATION)
		YES	NO	
4	Anthracite Water Softener. 1. Check the filter bed for proper level		N/A	

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 GREASE TRAP

SITE AND BLDG #: Rockville 417021MECHANIC SIGNATURE: [Signature] DATE: 3/18/19LOCATION/RM #: outside kitchen WO# 7652 ASSET # 1556START TIME: 9:00 FINISH TIME: 9:25

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"/>	
3	Insure proper grease disposal.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	Do not use enzymes, acids, caustics, solvents or emulsifying products when cleaning or maintaining the grease traps.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
2	Remove lid. If the trap is equipped with removable baffles, remove them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
3	Make sure the flow restrictor on the inflow pipe is present.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
4	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>OK</u>
5	Replace lid and baffles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
6	Return (or fill) water to grease trap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
7	Record grease trap maintenance activities on your log or request a receipt from your grease hauler. Keep records for 3 years.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>

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To be performed by: General Maintenance Technician

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST CIRCULATING AND BOOSTER PUMPS

SITE AND BLDG #: Rockville MD 2081

MECHANIC SIGNATURE: [Signature] DATE: 3/11/19

LOCATION/RM #: Mechanical Room WO# 7652 ASSET # See notes

START TIME: 9:50 FINISH TIME: 10:40

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES / ACTIONS (IF TASK COMPLETE, COMMENT HERE AND 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"/>	<u>all Maintenance Record tags signed & dated</u>
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"/>	
3	It is generally not a good idea to tamper with pumps using mechanical seals if they are otherwise performing properly. Since mechanical seals can cost as much as the pump, it is usually not cost effective to risk damaging the seal by performing an annual internal inspection of the pump.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Lubricate pump and motor bearings as per manufacturer's specifications. Bearings require lubrication atleast annually.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done on pumps that required lubing</u>
2	Inspect couplings and check for any pump seal leaks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>no leaks visible</u>
3	Check motor mounts and vibration pads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good</u>
4	Tighten all pump flanges.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
5	Visually check pump alignment and coupling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>good</u>
6	Inspect electrical connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>all good</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: General Maintenance Worker

Additional Notes:

Asset # 1659

#1 ✓ sealed
#2 ✓ sealed
#3 ✓ sealed

Asset #1 Pump not in use

#2 ✓

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PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST EXPANSION TANKS

SITE AND BLDG #: Rockville 47021
LOCATION/RM #: Mechanical WO# 7652 ASSET # 1663

MECHANIC SIGNATURE: [Signature] DATE: 3/14/19
START TIME: 10:45 FINISH TIME: 10:55

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Maintenance Record signed & dated
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"/>	
TO BE PERFORMED BY: [Signature] INSPECTION SERVICE				
1	Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	good
2	Test air pressure in tank. Ensure air pressure is at correct PSI. Correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done/ok

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 AIR CURTAIN

SITE AND BLDG #: Rockville MD021

MECHANIC SIGNATURE: [Signature]

DATE: 3/14/19

LOCATION/RM #: Kitchen WO# 7652 ASSET # 2107

START TIME: 11:00

FINISH TIME: 11:15

CHECKLIST		NOTES / COMMENTS	
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"/>	<u>Maintenance Record Tag signed + dated</u>
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	Disconnect the power to the unit.	<input checked="" type="checkbox"/>	<u>done</u>
2	Remove the intake grille by removing all screws around the edges.	<input checked="" type="checkbox"/>	<u>done</u>
3	Vacuum and wash (if necessary) to remove the buildup of dirt and debris.	<input checked="" type="checkbox"/>	<u>done / cleaned</u>
4	If necessary, lubricate the motors.	<input checked="" type="checkbox"/>	<u>1/4 sealed motor</u>
5	Reinstall the cover and intake grille.	<input checked="" type="checkbox"/>	<u>done</u>
6	Verify proper operation of unit. Make and/or recommend any needed repairs.	<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: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST CHEMICAL BYPASS/POT FEEDER

SITE AND BLDG #: Rockville 412021
 LOCATION/RM #: Mechanical Room WO# 7652 ASSET # 1664

MECHANIC SIGNATURE: [Signature] DATE: 3/15/19
 START TIME: 11:20 FINISH TIME: 11:35

CHECK POINT	CHECKPOINT DESCRIPTION	SPECIAL INSTRUCTIONS	TASK COMPLETE		NOTES/ ACTIONS (If task complete, check box and 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"/>		
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"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE					
1	Check physical condition of feeder. Clean and/or repair as needed.		<input checked="" type="checkbox"/>		<u>Good</u>
2	Check valves for proper operation. Ensure no leaks are present and repair as needed.		<input checked="" type="checkbox"/>		<u>Good</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: General Maintenance Worker
 Additional Notes:

unit not being used now. due to water test.