

CERTIFICATION OF WORK

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

FACID/Building: White Plains MD 066 Date of Visit: 11/26/19

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

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

1. 11188, 11195, 11196, 11199, 11213 / Filters on All, lights, Gutters, PM's, Water Heaters, Refrigerators, Heat pumps
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: 11/26/19

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: SFC WILLIAMS .D Date: 26 NOV 19

Signed: [Signature]

E-Mail: david.cwilliams2.mil@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

White Plains MD

MECHANIC
SIGNATURE:


DATE:

11/14/19

LOCATION/RM #:

Bldg # 1213 WO# 11199 ASSET # 634631
640

START TIME:

2:00

FINISH TIME:

3:00

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
		SPECIAL INSTRUCTIONS		
1	Schedule and coordinate work with operating personnel.	<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"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect lighting contactor for pitting or arcing -report issues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Check for proper light operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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:

This is being used for all interior lights.
All lights are lit except for
4. Service Tickets have been put in.

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #:

MECHANIC SIGNATURE:

DATE:

LOCATION/RM #:

START TIME:

FINISH TIME:

White Plains MDPCC
Room 13 WO# 1199 ASSET # 652

[Signature] 11/15/19

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
1	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"/>	
2	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"/>	<input type="checkbox"/>	
3	Do not allow any open flames around equipment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</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"/>	<input type="checkbox"/>	<u>Done / good</u> <u>all good</u>
3	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</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"/>	<input type="checkbox"/>	<u>done</u>
5	Clean Water heater shell and Report any leaks.-Open CM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
6	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"/>	<input type="checkbox"/>	<u>done / good</u> <u>good</u>
7	If applicable, Remove and inspect Anode, replace if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done</u>
8	Clean up work area and remove trash.	<input checked="" type="checkbox"/>	<input 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 DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: Chate Hous MDickMECHANIC SIGNATURE: [Signature] DATE: 6/14/19LOCATION/RM #: Bldg #2 Mech Room WO# 11199 ASSET # 1658START TIME: 1050 FINISH TIME: 1115

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
1	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"/>	
2	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"/>	<input type="checkbox"/>	
3	Do not allow any open flames around equipment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</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"/>	<input type="checkbox"/>	<u>Tested good</u>
3	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done 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"/>	<input type="checkbox"/>	<u>Done good</u>
5	Clean Water heater shell and Report any leaks--Open CM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
6	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"/>	<input type="checkbox"/>	<u>Done</u>
7	If applicable, Remove and inspect Anode, replace if necessary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Will be replaced with Certificate</u>
8	Clean up work area and remove trash.	<input checked="" type="checkbox"/>	<input 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 TANKS, WATER STORAGE

SITE AND BLDG #: White Plains HP066MECHANIC SIGNATURE: [Signature] DATE: 11/14/19LOCATION/RM #: Medicaid Room WO# 11199 ASSET # 167START TIME: 10:25 FINISH TIME: 10:45

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
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	Examine exterior of tank including fittings, manholes, and handholes for leaks, signs of corrosion, and correct as indicated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
2	Inspect structural supports and repair or replace damaged insulation or covering. If insulation contains asbestos and is damaged or eroded, it is considered a hazardous waste.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
3	Clean, test and inspect sight glasses, valves, fittings, drains, and controls.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
4	Clean up work site.	<input checked="" type="checkbox"/>	<input 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 **REACH-IN REFRIGERATORS/ FREEZERS**

SITE AND BLDG #: White House MD 206
 LOCATION/RM #: Back Room + WO# 11199 ASSET # 551

MECHANIC SIGNATURE: [Signature] DATE: 11/15/19
 START TIME: 9:25 FINISH TIME: 10:00

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
1	De-energize, lock out, and tag electrical circuits.			
2	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.			
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>		<u>Done 3 & 5</u>
2	Verify indicator light on; check compartment temperature.	<input checked="" type="checkbox"/>		
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>all good</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"/>		
7	Check starter panels and controls for proper operation, burned or loose contacts, and loose connections.	<input checked="" type="checkbox"/>		<u>N/A</u>
8	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	<input checked="" type="checkbox"/>		<u>Cleaned</u>
9	Clean condenser coil and condensing unit section.	<input checked="" type="checkbox"/>		<u>Cleaned</u>
10	Clean and inspect defrost evaporation trays/pans.		<u>N/A</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>N/A</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.		<u>N/A</u>	
14	Inspect and service all electric motors.	<input checked="" type="checkbox"/>		<u>done</u>
15	Inspect door gaskets for damage and proper fit; adjust gaskets as required and lubricate hinges with food grade oil.	<input checked="" type="checkbox"/>		<u>all good</u>
16	Check door gasket heater.	<input checked="" type="checkbox"/>		<u>good</u>
17	Check box floor for water or ice accumulation.	<input checked="" type="checkbox"/>		<u>done</u>
18	Check box for excessive ice build-up and open seams.	<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