

CERTIFICATION OF WORK

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

FACID/Building: White Plains NY 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, Refrigerator's, 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.c.williams2.mil@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: White Plains MDOle **MECHANIC**
LOCATION/RM #: Bldg # 213 WO# 11199 **SIGNATURE:** 12/2/19 **DATE:** 11/14/19
ASSET # 634,635 **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	
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"/>	
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 #: Walter Parks MDwMECHANIC SIGNATURE: Joe D. Doss DATE: 11/15/19LOCATION/RM #: Check Rm WO# 11999 ASSET # 652START TIME: 8:45 FINISH TIME: 9:10

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.			
4	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>None</i>
5	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"/>	<i>Done / good all good</i>
6	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>None</i>
7	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"/>	<i>Done</i>
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"/>	<input type="checkbox"/>	<i>Done</i>
	If applicable. Remove and inspect Anode, replace if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Done</i>
	Clean up work area and remove trash.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: White Plains MDW#
LOCATION/RM #: Building #2 Work Order # 11149 **ASSET #** 168

MECHANIC: Tom Dugan **SIGNATURE:** Tom Dugan **DATE:** 11/14/19

START TIME: 1050 **FINISH TIME:** 11:15

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"/>		
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"/>		
3	Do not allow any open flames around equipment.			
4	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>		<u>Zone</u>
5	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>Zone/ good</u>
6	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>		<u>Zone/ good</u>
7	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all users.	<input checked="" type="checkbox"/>		<u>Zone/ good</u>
8	Clean Water heater shell and Report any leaks. Open CM condition of pump seal or packing, and replace as required.	<input checked="" type="checkbox"/>		<u>Zone</u>
	If applicable. Remove and inspect Anode, replace if necessary	<input checked="" type="checkbox"/>		<u>Will be inspected next year, if applicable</u>
	Clean up work area and remove trash.	<input checked="" type="checkbox"/>		<u>Zone</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 MD 066 **MECHANIC SIGNATURE:** John H. **DATE:** 11/14/19
LOCATION/RM #: Mechanical Room **WO#** 11199 **ASSET #** 167 **START 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.	✓		
1	Examine exterior of tank including fittings, manholes, and handholes for leaks, signs of corrosion, and correct as indicated.	✓		Done
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.	✓		Done
3	Clean, test and inspect sight glasses, valves, fittings, drains, and controls.	✓		Done
4	Clean up work site.	✓		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 (CMI) 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 Plains MDW* MECHANIC SIGNATURE: *[Signature]* DATE: *11/15/19*
LOCATION/RM #: *break room + kitchen* WO# *11199* ASSET # *551* 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.	✓		Done 3 is 5
2	Verify indicator light on; check compartment temperature.	✓		
3	Examine evaporator for proper clearances/slope and air flow.	✓		
4	Examine handles, hinges and tightness of door closure.	✓		all good
5	Examine safety door release and fan shut down safety switch.	✓		
6	Inspect lighting for burnt out lamps.	✓		
7	Check starter panels and control's for proper operation, burned or loose contacts, and loose connections.	✓		all good
8	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	✓		Cleaned
9	Clean condenser coil and condensing unit section.	✓		Cleaned
10	Clean and inspect defrost evaporation trays/pans.	n/a		
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.	n/a		
12	Check operation of thermostats; calibrated as required.	✓		done
13	Check coil superheat and adjust to manufacturers recommendations.	✓		n/a
14	Inspect and service all electric motors.	✓		done
15	Inspect door gaskets for damage and proper fit; adjust gaskets as required and lubricate hinges with food grade oil.	✓		all good
16	Check door gasket heater.			
17	Check box floor for water or ice accumulation.			
18	Check box for excessive ice build-up and open seams.			done 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