

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

FAC ID Building: Riverdale MD020 Date of Visit: 11/5/18

Contractor Personnel on Site:

1. Patrick Donovan

4.

5.

5.

6.

6.

Work Performed:

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

8. LIST WO# 6355, 6388

6. Photocell, Water Heater, Air Handler Unit (filter change),
Dehumidifier

8.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan

Date: 11/5/18

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: Clayton A. White, LTC Date: 20181105

Signed: [Signature]

E-Mail: clayton.a.white.mil@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: Riverdale MD0020MECHANIC SIGNATURE: [Signature]DATE: 11/5/18LOCATION/RM #: Boiler Room WO# 6355 ASSET # 1549START TIME: 10:00FINISH TIME: 10:20

SPECIAL INSTRUCTIONS				
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"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" 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"/>		<u>Good all tag set</u>
3	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>		<u>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>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>Flashed Tanks on 10/23/18</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>No leaks visible</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"/>		
10	Clean up work area and remove trash.	<input checked="" 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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE, Photocell

SITE AND BLDG #: Riverside MT020

MECHANIC SIGNATURE: [Signature] DATE: 11/5/18

LOCATION/RM #: Exterior WO# 6355 ASSET # 1550

START TIME: 9:30 FINISH TIME: 9:45

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETION		NOTES / ACTIONS (IF TASK COMPLETE IS OK, PROVIDE PREVALENT INFORMATION)
		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	Schedule and coordinate work with operating personnel.	<input checked="" 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"/>		
TO BE PERFORMED AT NEXT INSPECTION SERVICE				
1	Open and tag switch.	<input checked="" type="checkbox"/>		1/2 hour
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>		Good
3	Check for proper light operation.	<input checked="" type="checkbox"/>		Good
4	Test operation of automatic switches/ time clock <u>Photocell</u> if applicable.	<input checked="" type="checkbox"/>		Good Rainy Cloudy day. Lights were on when I arrived
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>		1/4 hour
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" 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: