

CERTIFICATION OF WORK

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

FACID/Building: VA 002 Alexandria Date of Visit: _____

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

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

1. 9651, 10093, 9668 Air handler Filters, Water Heater,
Photocells, lights @ Bldg 2

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: 8/19/19

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: AL Hillier - 2 Date: 14 Aug 2019

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

LIGHTING, OUTSIDE

Photocell

SITE AND BLDG #:

Alexandria 14002

MECHANIC

SIGNATURE:



DATE:

8/16/19

LOCATION/RM #:

Exterior Med Room WO# 10093 ASSET # 1570

START TIME:

11:00

FINISH TIME:

11:20

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"/>		
1	Open and tag switch.	<input checked="" type="checkbox"/>		Done
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>		Done
3	Check for proper light operation.	<input checked="" type="checkbox"/>		Done
4	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>		Done good
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>		Done
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<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 DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: Alexandria 14003MECHANIC SIGNATURE: DATE: 8/16/19LOCATION/RM #: 1200W WO# 10093 ASSET # 15678START TIME: 10:10FINISH TIME: 10:40

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>Done / good</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>Done / good</u>
3	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" 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"/>			<u>Done</u>
5	Drain storage and expansion tanks, and flush to remove sediment, scale, and silt at bottom of tank.	<input checked="" type="checkbox"/>			<u>Done</u>
6	Clean sight glasses on tanks.	<input checked="" type="checkbox"/>			<u>Done / good</u>
7	Clean strainer, check condition of traps. Report and repair leaks.	<input checked="" type="checkbox"/>			<u>Done / good</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 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: