

CERTIFICATION OF WORK

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

FACID/Building: Alexandria VA002 Date of Visit: 11/20/19

Contractor Personnel on Site:

1. Patrick Donovan

2. _____

Work Performed:

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

1. 11119, 11153, 11177, 11207, 11133, 11154 Air handlers, water heater, Time clocks, Photocell, Condenser units, Chiller, dehumidifier Service Calls – Service Call Number and Description lights, water treatment.

1. CSS# _____

2. CSS# _____

3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 11/20/19

Signed: PD

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: Selina DiBella /SGT Date: 20191120

Signed: SD

E-Mail: selina.a.dibella.mil@mail.com

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
TIME CLOCK, LIGHTING

SITE AND BLDG #: Alexandria VA002 LOCATION/RM #: ? WO# 11153 ASSET # 1569 MECHANIC SIGNATURE: John P. Reed DATE: 11/19/19

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.		N/A	
1	Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner.		N/A	
2	Remove any dirt or grease build up.		N/A	
2	Check physical connections. Check wiring connections for tightness		N/A	
3	Verify the timeclock configuration, ensure proper operation.		N/A	
4	If applicable, check battery and replace as needed.		N/A	

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:

Could not locate any Time Clocks for lights. Lights are on Photo cell. Photocell works fine

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: Alexandria W4007 **MECHANIC SIGNATURE:** John **DATE:** 11/9/19
LOCATION/RM #: Exterior WO# 111533 ASSET # 1510 **START TIME:** 5:30 **FINISH TIME:** 8:45

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.	✓		
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	Inspect lighting contactor for pitting or arcing -report issues		✓/A	
2	Inspect visual condition of wiring. Look for evidence of overheating.		✓/A	
3	Check for proper light operation.			
4	Test operation of automatic switches/ time clock <u>photocells</u> if applicable.	✓		<u>Ren/ grad</u>
5	Inspect light pole and mounting devices for deficiencies.			
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.			

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 checklist is for the photocell

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: Alexandria 14002

LOCATION/RM #: Realty WO# 1153 **ASSET #:** 565

MECHANIC SIGNATURE: John DeS **DATE:** 11/19/19

START TIME: 8:45 **FINISH TIME:** 9:00

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"/>	
4	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</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"/>	<input type="checkbox"/>	<u>Done</u>
6	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
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"/>	<u>Done</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"/>	<input type="checkbox"/>	<u>Done</u>
9	If applicable. Remove and inspect Anode, replace if necessary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
10	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: