

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, Condensing units, Chiller, dehumidifier lights, water treatment.  
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: 11/20/19

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: Selina DiBella /SGT Date: 2019.11.20

Signed: [Signature]

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

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST AIR HANDLER

SITE AND BLDG #: Alexandria 11A002  
 LOCATION/RM #: Full Hall WO# 11177 ASSET # 2186+ 2185

MECHANIC SIGNATURE: [Signature] DATE: 11/18/19  
 START TIME: 10:15 FINISH TIME: 11:20

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
1	Remove power at Drive or at Breaker Panel. Verify with tester or meter that power has been removed. Install lock out tag out if servicing alone or in confined space for safety precautions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
2	Check fan blades and moving parts for cracks and excessive wear.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Done
3	Check running motor amperatures on all three phases (record in note column) notate L1, L2, and L3 amp draws. -Inspect contactors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	L1 _____ L2 _____ L3 _____ all good Sec notes
4	Tighten all electrical connectors/lugs to proper torque.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single Zone air handlers
5	If unit is a multi-zone air handler, then check each individual zone damper and associated controls.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Done / good
6	Check bearing collar set screws on fan shaft to make sure they are tight.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Done
7	Replace filters quarterly, replace as necessary. Check belt, repair or replace as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all good
8	Check damper actuators and linkage for proper operation. Adjust linkage on dampers if out of alignment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done / good
9	Lubricate mechanical bearings and connections sparingly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done / good
10	Clean coils by brushing, blowing, vacuuming	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No leaks visible
11	Check coils for leaking, tightness of fittings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
12	Use fin comb to straighten coil fins.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	noted
13	Report any equipment rust or condensate pan rust -If found open CM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all clear
14	Flush and clean condensate pans and drains. Hose down coils and drain pans and wash with an appropriate EPA approved solution approved solution. Treat condensate pans with an EPA approved biocide.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all good
15	Check belts for wear and cracks, adjust tension or alignment. Replace belts when necessary. Multi-belt drives shall only be replaced with matched sets.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all good
15	Check rigid couplings for alignment on direct drives, and for tightness of assembly. Check flexible couplings for alignment and wear.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	good

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
16	Check and test freestat for proper operation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	apack done
17	Vacuum interior of unit.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	done
18	Check filter doors and access doors for proper gasketing and air leaks. Correct as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all good
19	Lubricate fan shaft bearings while unit is running. Add grease slowly until slight bleeding is noted from the seals. Do not over lubricate. Remove old or excess lubricant.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	done
20	Clean up work area.	<input checked="" type="checkbox"/>	<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: HVAC Technician  
Additional Notes:

Asset 2185

L1 5.6 L2 5.7 L3 5.3

Asset 2186

L1 5.3 L2 5.6 L3 5.5

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST OUTDOOR CONDENSING UNIT

SITE AND BLDG #: Alexandria 114002MECHANIC  
SIGNATURE: [Signature]DATE: 11/28/19LOCATION/RM #: EST 1011 WO# 1117 ASSET # Sec notesSTART TIME: 10:00FINISH TIME: 11:10

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
1	Schedule outage of unit with personnel in area the unit serves.	<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	If disposal of the equipment is required, follow regulations concerning removal of refrigerants and disposal of the unit.	<input checked="" type="checkbox"/>		
1	Remove debris from air screen and clean underneath unit.	<input checked="" type="checkbox"/>		close / good
2	Wash coil with coil cleaning solution - Rinse Thoroughly	<input checked="" type="checkbox"/>		close / good / close
3	Straighten fin tubes with fin comb, as needed.	<input checked="" type="checkbox"/>		all good
4	Check electrical connections for tightness.	<input checked="" type="checkbox"/>		all good
5	Check mounting base for tightness.	<input checked="" type="checkbox"/>		all good
6	Inspect fans for bent blades, unbalance, excessive noise and vibrations.	<input checked="" type="checkbox"/>		all good
7	Inspect all piping for leaks and tighten loose connections.	<input checked="" type="checkbox"/>		close / no leaks visible
8	Check wires at condenser electrical fused safety switches for tightness and burned insulation. Repair as necessary.	<input checked="" type="checkbox"/>		all good
9	Check supply air temperature to ensure unit is operating properly. If possible record room temperature and humidity.	<input checked="" type="checkbox"/>		Room Temp _____ * Room Humidity _____ % Sec notes
10	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>		all good
11	Clean up work area.	<input checked="" type="checkbox"/>		close

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: HVAC Technician

Additional Notes:

Asset # 2179 ✓ good ✓ RT No Access RH Access % Asset # 2183 ✓ good ✓ RT 23 RH 32 %

2180 ✓ good ✓ RT No Access RH Access % 2184 ✓ good ✓ RT 23 RH 32 %

2181 ✓ good ✓ RT 22 RH 32 %

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# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST AIR COOLED CHILLER, PACKAGE UNIT

SITE AND BLDG #: Alexandria 14002MECHANIC  
SIGNATURE: DATE: 11/20/19LOCATION/RM #: 5th fl 1117 WO# 11177 ASSET # 2182START TIME: 9:55FINISH TIME: 10:35

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	No intentional venting of refrigerants is permitted. During the servicing, maintenance, and repair of refrigeration equipment, the refrigerant must be recovered.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Whenever refrigerant is added or removed from equipment, record the quantities on the appropriate forms. Forms to be maintained by technician in universal waste binder.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Recover, recycle, or reclaim the refrigerant as appropriate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	If disposal of the equipment item is required, follow regulations concerning removal of refrigerants and disposal of the item.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Refrigerant oils to be treated as hazardous waste.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Closely follow all safety procedures described in the Safety Data Sheet (SDS) for the refrigerant and all labels on refrigerant containers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Remove access covers prior to accomplishing check points.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE RECHECKED AT EXCHANGER SERVICE				
CONDUCTOR				
1	Remove debris from air screen and clean underneath unit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
2	Pressure wash coil with proper cleaning solution.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	clean
3	Straighten fin tubes with fin comb.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done
4	Check electrical wiring and tighten loose connections. Check fused disconnect switches for condition and operation, contactors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all good
5	Check mounting for tightness.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all good
6	Check for corrosion. Clean and treat with inhibitor as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	clean/good
7	Check fan or blower for bent or damaged blades and imbalance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	clean/good

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS	
		YES	NO	(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)	
8	Lubricate shaft and motor bearings on fans and remove old or excess lubricant, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done	
9	Inspect pulleys, belts, couplings, etc.; adjust tension and tighten mountings as necessary. Change badly worn belts. Multi-belt drives should be replaced with matched sets.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all good	
1	Inspect evaporator for any obvious deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done	
2	Inspect plumbing, valves and flanges for leaks and correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done/no leaks visible	
1	Lubricate drive coupling, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	
2	Lubricate motor bearings (non-hermetic), if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	
3	Check bearings for vibrations or unusual noises.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	
4	Leak test unit with soap test or electronic device.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	
5	Check compressor oil level, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	
6	Run machine; check action of controls, relays, switches, etc. to see that: a. Compressor(s) run at proper settings. b. Suction and discharge pressures are proper.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	
7	Check vibration eliminators. Replace as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	
	Document AMP draw on compressors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.1	1.2
8	Check safety controls for high pressure cut off.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	1.3
1	Record chilled water supply and return temps and Humidity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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: HVAC Technician

Additional Notes:

unit is shut down for winter mode.

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DEHUMIDIFIER

SITE AND BLDG #: Alexandria 11A002

MECHANIC  
SIGNATURE: [Signature]

DATE: 11/20/19

LOCATION/RM #: Am5 Vault WO# 11177 ASSET # 2217

START TIME: 12:30

FINISH TIME: 12:45

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"/>	
1	Check water inlet and outlet for any leaks, repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Clean and/or replace filter as needed. -Record space humidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Space Humidity <u>29.3</u> %
3	If applicable, check hours per usage, replace tanks as needed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>11A No digital time on unit</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: