

CERTIFICATION OF WORK

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

FACID/Building: *Alexandria VA002* Date of Visit: *2/26/2020*

Contractor Personnel on Site:

1. *Patrick Donovan* 2.

Work Performed:

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

1. *11600, 11612, 11661, ~~11626~~, 11641* Filters, Water Heater, Photo cell, Water Treatment, Outside lights

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: *2/26/2020*

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: *Robert M. Meri*

Date: *2/26/20*

Signed: *[Signature]*

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: Alexandria 1A002MECHANIC SIGNATURE: [Signature] DATE: 2/26/2020LOCATION/RM #: Mechanical Room WO# 11661 ASSET # 1570START TIME: 8:45 FINISH TIME: 9:10

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS
		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"/>	
1	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<u>Done / good</u>
3	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done / 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"/>	<input type="checkbox"/>	<u>Done / good</u>
5	Clean Water heater shell and Report any leaks.-Open CM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
6	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"/>	<u>Done</u>
7	If applicable: Remove and inspect Anode, replace if necessary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
8	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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #: Alexandria VA 009

MECHANIC SIGNATURE: [Signature] DATE: 2/26/20

LOCATION/RM #: Exterior WO# 11661 ASSET # 1568

START TIME: 11:30 FINISH TIME: 11:45

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO. PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSPECTIONS				
1	Schedule and coordinate work with operating personnel.	<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"/>		
TO BE PERFORMED AT EVERY INSPECTION FOR SERVICE				
1	Inspect lighting contactor for pitting or arcing -report issues		<input checked="" type="checkbox"/>	
2	Inspect visual condition of wiring. Look for evidence of overheating.		<input checked="" type="checkbox"/>	
3	Check for proper light operation.		<input checked="" type="checkbox"/>	
4	Test operation of automatic switches/ time clock photo cells If applicable.	<input checked="" type="checkbox"/>		Photo cell checked and works fine
5	Inspect light pole and mounting devices for deficiencies.		<input checked="" type="checkbox"/>	
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.		<input checked="" type="checkbox"/>	

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To be performed by: General Maintenance Worker

Additional Notes: