

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Contractor Personnel on Site:

1. _____	3. _____
2. _____	4. _____

**Work Performed:**

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

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: 

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DRINKING FOUNTAIN**

SITE AND BLDG #: VA011-01

190918-234

MECHANIC  
SIGNATURE: *Richie R. H. L.*

DATE: 02-28-22

LOCATION/RM #:

WO# 16357

ASSET #

START TIME: 0900

FINISH TIME: 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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"/>	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Clean compressor compartment including coils, fan, compressor and other components.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	If applicable, replace filter as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Clean evaporator drain pan and drain piping as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Check for water leaks in supply and drain lines.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Check electrical wiring for fraying and loose connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Lubricate fan bearing motors, as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Check operation of unit for unusual noise, vibration, short cycling, and water temperature.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Check mouthpiece water pressure; adjust as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Clean unit, removing any dust, dirt, calcium buildup, etc.	<input checked="" type="checkbox"/>	<input 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: