

**CERTIFICATION OF WORK**  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Alexandria VA002 Date of Visit: 6/27/19

Contractor Personnel on Site:

1. Patrick Donovan 2. \_\_\_\_\_

**Work Performed:**

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

1. 8863, 8898, 8946, 8899, 8917, 8940

D-tacs filters, Mini Split filters, Pumps, Exhaust fans, and Heaters, AirCurtain, Pkng. lot lights.

Service Calls – Service Call Number and Description

1. CSS# \_\_\_\_\_
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

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**CERTIFICATION OF WORK**

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To be signed by the Contractor:

Print Name: Patrick Donovan Date: 6/27/19

Signed: Pat

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 A. Dibella / SGT Date: 20190627

Signed: Selina

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**CIRCULATING AND BOOSTER PUMPS**

|                     |                         |  |  |
|---------------------|-------------------------|--|--|
| SITE AND BLDG #:    | <i>Alexandria VA002</i> |  |  |
| LOCATION/RM #:      | <i>Mechanical Room</i>  |  |  |
| WO #                | <i>2946</i>             |  |  |
| ASSET #             | <i>1667+1668</i>        |  |  |
| MECHANIC SIGNATURE: | <i>[Signature]</i>      |  |  |
| DATE:               | <i>6/25/19</i>          |  |  |
| START TIME:         | <i>10:00</i>            |  |  |
| FINISH TIME:        | <i>10:30</i>            |  |  |

| Task  | Completed                           | Notes           | Comments  |
|---|-------------------------------------|-----------------|---|
| 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"/> |                 | <i>Signatures + Safety Maintenance Record Tag</i> |
| 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 It is generally not a good idea to tamper with pumps using mechanical seals if they are otherwise performing properly. Since mechanical seals can cost as much as the pump, it is usually not cost effective to risk damaging the seal by performing an annual internal inspection of the pump. | <input checked="" type="checkbox"/> |                 |   |
| 4 Lubricate pump and motor bearings as per manufacturer's specifications. Bearings require lubrication at least annually.   | <input checked="" type="checkbox"/> | <i>done</i>     |   |
| 5 Inspect couplings and check for any pump seal leaks.  | <input checked="" type="checkbox"/> | <i>all good</i> |   |
| 6 Check motor mounts and vibration pads   | <input checked="" type="checkbox"/> | <i>good</i>     |   |
| 7 Tighten all pump flanges.   | <input checked="" type="checkbox"/> | <i>done</i>     |   |
| 8 Visually check pump alignment and coupling  | <input checked="" type="checkbox"/> | <i>good</i>     |   |
| 9 Inspect electrical connections  | <input checked="" type="checkbox"/> | <i>all good</i> |   |

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:

*Asset# 1667-✓  
1668-✓*