

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: 9/9/19

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. _____

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Johnny W Brown Date: 9/9/19

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: SFC CLAUDIA VOORHIES Date: 9/9/19

Signed:  _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

GREASE TRAP

 MECHANIC
SIGNATURE:



DATE:

SITE AND BLDG #: MD002-01

LOCATION/RM #: WO# 10293 ASSET # 1504

START TIME: 0900

FINISH TIME: 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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.			
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.			
3	Insure proper grease disposal.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Do not use enzymes, acids, caustics, solvents or emulsifying products when cleaning or maintaining the grease traps.			
2	Remove lid. If the trap is equipped with removable baffles, remove them.			
3	Make sure the flow restrictor on the inflow pipe is present.			
4	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.			
5	Replace lid and baffles.			
6	Return (or fill) water to grease trap			
7	Record grease trap maintenance activities on your log or request a receipt from your grease hauler. Keep records for 3 years.			

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 discription of the deficiency.

To be performed by: General Maintenance Technician

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST CIRCULATING AND BOOSTER PUMPS

MECHANIC
SIGNATURE


DATE:

SITE AND BLDG #: MD002-01

LOCATION/RM #: WO# 10293 ASSET # 1623 - 1627

START TIME: 0900

FINISH TIME: 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Lubricate pump and motor bearings as per manufacturer's specifications. Bearings require lubrication atleast annually.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Inspect couplings and check for any pump seal leaks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Check motor mounts and vibration pads	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Tighten all pump flanges.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Visually check pump alignment and coupling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Inspect electrical connections	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
CHEMICAL BYPASS/POT FEEDER

SITE AND BLDG #: MD002-01

**MECHANIC
SIGNATURE:**











DATE: 9/9/19

LOCATION/RM #: WO# 10293 ASSET # 1628

START TIME: 0800

FINISH TIME: 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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.			
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.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check physical condition of feeder. Clean and/or repair as needed.			
2	Check valves for proper operation. Ensure no leaks are present and repair as needed.			

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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST EXPANSION TANKS

SITE AND BLDG #: MD002-01

**MECHANIC
SIGNATURE:**

DATE:
LOCATION/RM #: **WO# 10293** **ASSET # 1629**
START TIME: 0900

FINISH TIME: 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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.	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Test air pressure in tank. Ensure air pressure is at correct PSI. Correct as needed.	<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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

AIR CURTAIN

 MECHANIC
SIGNATURE:



DATE:

SITE AND BLDG #: MD002-01

LOCATION/RM #:

WO# 10293

ASSET # 1820

START TIME: 0900

FINISH TIME: 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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.	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Disconnect the power to the unit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Remove the intake grille by removing all screws around the edges.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Vacuum and wash (if necessary) to remove the buildup of dirt and debris.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	If necessary, lubricate the motors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Reinstall the cover and intake grille.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Verify proper operation of unit. Make and/or recommend any needed repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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To be performed by: General Maintenance Worker

Additional Notes: