

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. _____ | ,10757MO |
| 2. _____ | |
| 3. _____ | |
| 4. _____ | |
| 5. _____ | |

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
FAN COIL UNIT/ DUCTLESS MINI SPLIT

SITE AND BLDG #: **PA209-02****5200**LOCATION/RM #: **WO# 10947**ASSET # **5201****5202**MECHANIC
SIGNATURE: DATE: **9-17-19**START TIME: **9 AM**FINISH TIME: **1 PM**

| 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 | Schedule shutdown with operating personnel, as needed. | ✓ | | |
| 3 | As needed, de-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. Follow lock out/tag out procedures at all times. | ✓ | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Check fan blades for dust buildup and clean if necessary. | | | |
| 2 | When applicable, check fan blades and moving parts for cracks and excessive wear. | ✓ | | |
| 3 | Tighten all electrical connectors to proper torque as needed. | ✓ | | |
| 4 | Check that the fan runs properly in all speeds as applicable. | ✓ | | |
| 5 | Check dampers and rotating auto diffusers for dirt accumulations, clean as necessary. Check felt, repair or replace as necessary. | ✓ | | |
| 6 | Check damper actuators and linkage for proper operation as applicable. Adjust linkage on dampers if out of alignment. | ✓ | | |
| 7 | Lubricate mechanical connections of dampers sparingly as applicable. | ✓ | | |
| 8 | Check the valve(s) for signs of leakage and proper operation. If leak is detected, submit a UE. | ✓ | | |
| 9 | Clean coils by brushing, blowing, vacuuming, or pressure washing. | ✓ | | |
| 10 | Check coils for leaking, tightness of fittings. | ✓ | | |
| 11 | Use fin comb to straighten coil fins as needed. | ✓ | | |
| 12 | Check belts for wear and cracks, adjust tension or alignment as applicable. Replace belts when necessary. | ✓ | | |
| 13 | Check rigid couplings for alignment on direct drives, and for tightness of assembly | ✓ | ✓ | |
| 14 | Vacuum interior of unit. | ✓ | | |

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|-------------|---|---------------|----|---|
| | | YES | NO | |
| 15 | Check filter door for proper gasketing and air leaks. Correct as necessary. | ✓ | | |
| 16 | Change the filter as needed with the correct size and type filter. | ✓ | ✓ | |
| 17 | Insure that drain(s) are clear and running. | ✓ | | |
| 18 | Clean up work area. | ✓ | | |

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: THERE ARE P.T.A.C. UNITS, NOT MINI SPLITS.

I PERFORMED PM. REPLACED BATTERIES IN T-STAT

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DDC CONTROLLER

SITE AND BLDG #: **PA209-02**MECHANIC
SIGNATURE: *Beck*DATE: **9-17-19**

LOCATION/RM #: **WO# 10947** ASSET # **5273**
5293

START TIME: **9 AM**FINISH TIME: **1 PM**

| 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 | Read and understand the manufacturer's instructions before making any adjustments or calibrations. | ✓ | | |
| 3 | 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 | Obtain username and password for login. If not available, contact appropriate company manager to obtain access. | ✓ | | |
| 2 | Login into system, check for any alarms currently on system. Make necessary repairs to correct alarms back to normal state. | ✓ | | |
| 3 | Check physical condition of the device. Shut off power to the unit. Vacuum any remaining dust. Turn power back on to the unit. | ✓ | | |
| 4 | Check electrical power connections including incoming line voltage. | ✓ | | |
| 5 | Check all fuses for evidence of heating or weakening. | ✓ | | |
| 6 | Check inputs and outputs on DDC/PLC check input and output wiring connections for tightness very carefully. | ✓ | | |
| 7 | If applicable, check relays for burnt contact points. | ✓ | | |
| 8 | Check all point labels are correct and up to date, if applicable. | ✓ | | |
| 9 | Check all plug connections in the panel to ensure the plugs are fully seated. | ✓ | | |

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: