

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE002 Date of Visit: 11/25/19

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>John Brown</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:


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

1. WO'S 11105FQ, 11127MO, 11140QT, 11163SA, 11190F
2. FILTERS, OUTSIDE LIGHTING, KITCHEN EQUIP, WATER HEATERS
3. DEHUMIDIFIER, AIR HANDLER, CONDENSING UNIT
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

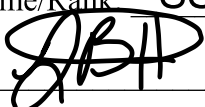
Print Name: Johnny W Brown Date: 11/21/19

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: SSG Gustavo Bonilla Date: 11/25/19

Signed: 

E-Mail: _____

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DEHUMIDIFIER**

MECHANIC
SIGNATURE



DATE: 11/25/19

START TIME:

0900

FINISH TIME:

1630

SITE AND BLDG #: DE002-01

LOCATION/RM #:

WO# 11163

ASSET # 1714

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check water inlet and outlet for any leaks, repair as needed.			
2	Clean and/or replace filter as needed. -Record space humidity			Space Humidity _____%
3	If applicable, check hours per usage, replace tanks's 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 CEILING MOUNTED HEAT PUMP

SITE AND BLDG #: **DE002-01**MECHANIC
SIGNATURE:

DATE: **11/25/19**LOCATION/RM #: **WO# 11163 ASSET # 1707**
1708START 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	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 asneeded.	✓		
4	Check contactors for compressors and fan.	✓		
5	Check dampers and rotating auto diffusers for dirt accumulations, clean as necessary. Check felt, repair or replace as necessary.	N/A		
6	Lubricate mechanical connections of dampers sparingly as applicable.	N/A		
7	Check the valve(s) for signs of leakage and proper operation. If leak is detected, submit a CM Request	✓		
8	Clean coils by brushing, blowing, vacuuming	✓		
9	Use fin comb to straighten coil fins as needed.	✓		
10	Check belts for wear and cracks, adjust tension or alignment as applicable. Replace belts when necessary.	✓		
11	Vacuum interior of unit.-Wipe down exterior of unit	✓		
12	Change the filter as needed with the correct size and type filter. Minimum annual Replacement.	✓		
13	Insure that drain(s) are clear and running.-Install condensate tablet	✓		
14	Clean up work area. - Record Humidity level in building	✓		Humidity _____ %
15	Sign and date yellow maintenance tag.	✓		

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To be perfomed by: General Maintenance Worker

Additional Notes: