

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD019 Date of Visit: 11/22/19

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 11114FQ, 11131MO, 11148QT, 11173SA, 11192PMF, 11205Q, 1
2. 11115FQ, 11149QT,
3. FILTERS, GATE, KITCHEN EQUIP, WATER HEATERS, AIR HANDLER, CHILLER
4. HUMIDIFIER, FURNACE, SUMPPUMP, TIME CLOCK, VFD
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: John Brown Date: 11/22/19

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: 1st Sargent Nathan Maze Date: 11/22/19

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**SUMP PUMP**

SITE AND BLDG #: **MD019-01**MECHANIC  
SIGNATURE:

11/22/19

LOCATION/RM #: **WO# 11205 ASSET # 191918-191**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.	/	/	
2	Excessive sediment and debris, not removed by flushing the pit should be handled on a project basis, and not considered under this standard.	/	/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Remove cover plates and flush pit.	/	/	
2	Inspect check valve.	/	/	
3	Inspect interior of pit for cracks.	/	/	
4	Inspect cover plate is in place	/	/	
5	Insuure the unit is operating properly, report any deficiencies	/	/	
6	Clean up work area and remove all debris.	/	/	

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**  
**TIME CLOCK, LIGHTING**

SITE AND BLDG #: **MD019-01**MECHANIC  
SIGNATURE: DATE: **11/22/19**

LOCATION/RM #:

**WO# 11205****ASSET # 191919-192**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.	/	\	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.	/	\	
2	Check physical connections. Check wiring connections for tightness	/	\	
3	Verify the timeclock configuration, ensure proper operation.	/	\	power is turned off due to burnt up
4	If applicable, check battery and replace as needed.	/	\	N/A lighting contactor

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:**