

**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.)

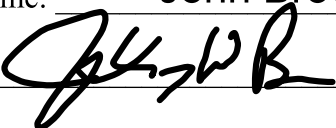
1. WO'S 11114FQ, 11131MO, 11148QT, 11173SA, 11192PMF, 11205Q, 11220PMS
2. 11115FQ, 11149QT,
3. FILTERS, GATE, KITCHEN EQUIP, WATER HEATERS. AIR HANDLER, CHILLER
4. HUMIDIFIER, FURNACE, SUMP PUMP, TIME CLOCK, VFD
5. \_\_\_\_\_

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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**  
**VARIABLE FREQUENCY DRIVE**

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

**MECHANIC  
SIGNATURE:**



**DATE:** 11/22/19

**LOCATION/RM #:**                      **WO#** 11220                      **ASSET #** 191918-190

**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	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	Perform a complete visual inspection and cleaning. Broken or damaged parts are replaced as required. Inspected for ambient temperature, dust, dirt, moisture, evidence of overheating, corrosion, integrity, etc. Capacitors are checked for leakage. Conductors and parts are checked for proper insulation. Drives are cleaned using vacuum or compressed air as required. Filters are cleaned or replaced. Power connections are re-torqued to manufacturer's specifications.			

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: HVAC Technician

**Additional Notes:**

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### FURNACE

ACTIVITY AND BLDG #: **MD019-01**MECHANIC  
SIGNATURE: DATE: **11/22/19**LOCATION/RM #: \_\_\_\_\_ WO# **11220** ASSET # **190918-189**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	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	Replace air filter if applicable			
2	Check the fire box liner or refractory for cracks and leaks.			
3	Check smoke stack for obstructions, leaks, etc.			
5	Clean all fans and motors.			
6	Check operation of controls and safeties.			
7	Lubricate as required.			
8	Check and clean plenum (clean cooling coils and check for leaks, if			
9	Check all motors, belts, pulleys, shafts, etc. for alignment.			
10	Report any rust issues and open a CM ticket			
11	Remove lock outs and tags. Restore fuel and power supply.			

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: HVAC Technician

**Additional Notes:**