

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: NY067 Date of Visit: 11-20-18

Contractor Personnel on Site:

1. Patrick Brown
2. _____
3. _____
4. _____

Work Performed:

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

1. 1010 MO, 1119 QT, 1120 QT, 1121 QT, 1122 QT, 1123 QT, 1124 QT, 1125 QT, 1126 QT
2. 1127 QT, 1128 QT, 1129 QT, 1130 QT
3. Motor Vehicle Area Light, Chill Water Pump, Hot Water Pump, Freezer, Fridge, Ice Maker
4. Emergency Light, Water Heater, Emergency Light, Emergency Exit Sign
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 11-20-18

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: Douglas Rushko Date: 11/20/18

Signed: 

E-Mail: douglas.rushko.dns@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: NY067 - Bldg 2

MECHANIC
SIGNATURE: 

DATE: 11-20-18

LOCATION/RM #: Wash Room WO# 1126
RM#5

ASSET # 10636

START TIME: 12

FINISH TIME: 12:30

| 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. | ✓ | | |
| 3 | Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak. | ✓ | | |
| 4 | Do not allow any open flames around equipment. | ✓ | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Attach drain hose. Drain several gallons from tank to remove sediment. | ✓ | | Drained for a couple of min |
| 2 | Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge. | ✓ | | Safety valve was in good condition and operated correctly |
| 3 | Check all connections - electric, gas and water. Tighten as necessary. | ✓ | | all were tight |
| 4 | Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses. | ✓ | | |
| 5 | Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank. | ✓ | | No expansion tanks |
| 6 | Clean sight glasses on tanks. | ✓ | | No sight glasses |
| 7 | Clean strainer, check condition of traps. Report and repair leaks. | ✓ | | No traps or strainers |
| 8 | Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required. | ✓ | | No pumps |
| 9 | If applicable, Remove and inspect Anode, replace if necessary | ✓ | | No anode |
| 10 | Clean up work area and remove trash. | ✓ | | |

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: