

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA099 Date of Visit: 12/11/19

Contractor Personnel on Site:

|                          |          |
|--------------------------|----------|
| 1. <u>BILL DAVIS</u>     | 3. _____ |
| 2. <u>RICHARD WALKER</u> | 4. _____ |

**Work Performed:**

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

1. WO'S 11332FQ, 11344MO, 11365QT, 11369SA, 11333FQ, 11345MO
2. 11360QT
3. FILTERS, GATE, CIRCULATING PUMPS, FAN COILS, MINI SPLITS
4. LIGHTING, VEHICLE EXHAUST
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Richard Walker Date: 12/11/19

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: Julio E Felix Date: 12/11/19

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**CIRCULATING AND BOOSTER PUMPS**

SITE AND BLDG #: **VA099-01**

|                |                  |                     |
|----------------|------------------|---------------------|
| LOCATION/RM #: | WO# <b>11365</b> | ASSET # <b>1672</b> |
|                |                  | <b>1673</b>         |

MECHANIC  
SIGNATURE: 

DATE: **12.10.19**

START TIME: **9 AM** FINISH TIME: **5 PM**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION   | TASK COMPLETE |    | NOTES/ ACTIONS<br>(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   | It is generally not a good idea to tamper with pumps using mechanical seals if they are otherwise performing properly. Since mechanical seals can cost as much as the pump, it is usually not cost effective to risk damaging the seal by performing an annual internal inspection of the pump.-Report any leaks | ✓             | /  |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |  |               |    |   |
| 1   | Lubricate pump and motor bearings as per manufacturer's specifications. Bearings require lubrication atleast annually.4 shots of grease per PM   | ✓             | /  |   |
| 2   | Inspect couplings and check for any pump seal leaks.   | ✓             | /  |   |
| 3   | Check motor mounts and vibration pads  | ✓             | /  |   |
| 4   | Tighten all pump flanges.  | ✓             | /  |   |
| 5   | Visually check pump alignment and coupling -Report unusual vibration   | ✓             | /  |   |
| 6   | Inspect electrical connections   | ✓             | /  |   |

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:**