

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: \_\_\_\_\_ Date of Visit: 12/11/19

Contractor Personnel on Site:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Work Performed:**

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

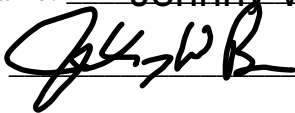
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown 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: SFC Phillip Cannon Date: 12/11/19

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**UNIT HEATER, INFRA-RED, RADIANT, GAS**

MECHANIC  
SIGNATURE:



DATE: 12/11/19

START TIME: 0900

FINISH TIME: 1630

SITE AND BLDG #: MD002-4

LOCATION/RM #: WO# 11372 ASSET # 1854

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	For gsa/oil heaters: 1. Remove access panels if applicable. 2. Check the fire box liner or refractory for cracks and leaks. 3. Check all gas lines for leaks. Repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Clean dirt from heater, vaccuming is preferred.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Check operation of gas valve.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Check for gas leaks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Check operation of thermostat.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	If applicable, replace primary air intake filter.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	As needed, clean spark electrode and reset gap, replace if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Inspect flue pipe and connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	If applicable, inspect and clean outside air blower and blower intake.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	Inspect unit for proper operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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:**