

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE007 Date of Visit: 12/17/19

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>John Brown</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

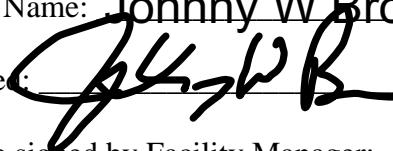
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S 11315FQ,11336MO,11361QT,11368SA,11387PMF,11396PMQ,11402PMS
2. 11316FQ,11337MO, 11347QT
3. FILTERS, VEHICLE EXHAUST, CIRCULATING PUMPS, FAN COIL UNITS,
4. EXPANSION TANKS, CHEMICAL POT FEEDER, GATE
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

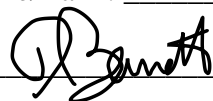
Print Name: Johnny W Brown Date: 12/17/19

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: Danielle Barrett Date: 12/17/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST EXPANSION TANKS

SITE AND BLDG #: **DE007-01**MECHANIC
SIGNATURE: DATE: **12/17/19**
 LOCATION/RM #: _____ WO# **11396** ASSET # **190918-141**
190918-144
190918-145
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	Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed.			
2	If applicable, Check sight glass, insure level is between 1/2 and 3/4 sight glass. Correct as needed.			
3	If applicable, check tank pressure via schrader valve. Correct as needed.			

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
CHEMICAL BYPASS/POT FEEDER

MECHANIC
SIGNATURE



DATE: 12/17/19

SITE AND BLDG #: DE007-01

LOCATION/RM #: _____ WO# 11396 ASSET # 190918-142
 190918-143

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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check physical condition of feeder. Clean and/or repair as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Check valves for proper operation. Ensure no leaks are present and repair as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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To be performed by: General Maintenance Worker

Additional Notes: