

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE001 Date of Visit: 1/8/20

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 11477MO, 11489SA, 11536PMS, 11490SA, 11537PMS
2. LIGHTING, CIRCULATING PUMPS, GATES, OVERGEAD DOORS,
3. KEYCARD READER,
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 1/8/20

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 Jose Mojica Date: 1/8/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
CIRCULATING AND BOOSTER PUMPS

SITE AND BLDG #: **DE001-01**MECHANIC
SIGNATURE:

DATE:

1/8/20

| | | |
|----------------|------------------|--------------------------|
| LOCATION/RM #: | WO# 11489 | ASSET # 1691,1692 |
| | 11536 | 190918-112 |

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. | / | | |
| 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 | / | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOOR KEYPAD / CARD READER

SITE AND BLDG #: **DE001-01**MECHANIC
SIGNATURE: DATE: **1/8/20**

LOCATION/RM #:

WO# 11489ASSET # **1696****11536****190918-101**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 | If applicable, test the controls for communications to the monitoring center. Inspect key pad for sticking keys and LED lights proper operation . | / | / | |
| 2 | Check power supplies.Clean keys and pad with a quick dry electrical cleaner .Wipe unit down | / | / | |
| 3 | Inspect and test the operation of device.-Observe unit in use by customer | / | / | |
| 4 | Ensure proper protection of all visible wiring and conduits | / | / | |
| 5 | Verify that no compromise to devices has occurred (compromise of devices could be from building alterations, partitions, furniture or other obstacles) Any deficiencies found open a CM work order in Maximo and quote will be provided for CM repairs .Notate in note Column | / | / | |

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: