

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA011 Date of Visit: 1/10/2020

Contractor Personnel on Site:

1. <u>RICHARD WALKER</u>	3. _____
2. _____	4. _____

Work Performed:

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

1. WO'S 11520SA, 11545PMS
2. GATE,KITCHEN STEEL DOOR, CIRCULATING PUMPS
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 1/10/2020

Signed: Richard Walker

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: Chris Chipp Date: 1/10/2020

Signed: Chris Chipp

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
MISCELLANEOUS KITCHEN EQUIPMENT

ACTIVITY AND BLDG #: VA011-01

MECHANIC
SIGNATURE: 

DATE: 1.10.20

LOCATION/RM #: Kitchen WO# 11545

ASSET # 190918-209

START TIME: 9 am

FINISH TIME: 5 pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Notify cafeteria operator and get permission prior to performing all maintenance.	✓		
2	De-energize, lock out, and tag electrical circuits and fuel service.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operator or manager for any deficiencies, verify cleaning program.	✓		
2	Check all controls, mechanisms for proper operation; adjust as required.	✓		
3	If applicable, examine utility supply line, piping, valve packing, specialties, and insulation; look for any leaks.	✓		
4	If applicable, check electric power line condition, switch, disconnect, etc.; or check condition of gas supply, valves, regulators, and inspect pilot, check for Gas leaks.	✓		
5	Ensure unit is clean and in working order. Note any deficiencies.	✓		Unit clean/Turned off, due to no personnel on site.

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
CIRCULATING AND BOOSTER PUMPS

SITE AND BLDG #: VA011-01

**MECHANIC
SIGNATURE:** *Ricky Malar*

DATE: 11.10.20

LOCATION/RM #: *Mech Room*

WO# 11545

ASSET # 190918-235 thru 239

START TIME: 9am

FINISH TIME: 5pm

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	✓		

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To be performed by: General Maintenance Worker

Additional Notes:

