

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE007 Date of Visit: 2/6/20

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 11587FQ, 11636MO, 11649QT, 11670SA, 11679PMA, 11689PMF,
2. 11588FQ, 11637MO, 11650QT
3. FILTERS, OUTSIDE LIGHTING, KITCHEN EQUIP, WATER HEATERS,
4. TIME CLOCK LIGHTINGVAV, ERV, MAKE UP AIR UNIT, GATE
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

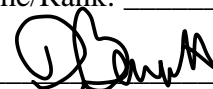
Print Name: Johnny W Brown Date: 2/6/20

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: Danielle Barrett Date: 2/6/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

VAV BOX

 MECHANIC
SIGNATURE:



DATE: 2/6/20

START TIME:

0900

FINISH TIME:

1630

SITE AND BLDG #: DE007-01

LOCATION/RM #: WO# 11670 ASSET # 1758

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	If EMS system permits, check that the operating controls activate damper per design specifications.-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Record CFM AIR FLOW _____
2	If required, check damper linkage for tightness and lightly lubricate.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	If required, inspect dampers for free movement.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	If required, inspect actuators for tightness to mounting brackets.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	As needed, tighten electrical connections to servo motor.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input checked="" 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: