

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 11-26-18

Contractor Personnel on Site:

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

**Work Performed:**

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

1. 1183 QT, 1184 QT, 1185 QT, 1186 QT, 1187 QT, 1188 QT, 1189 QT, 1190 QT, 1191 QT
2. 1192 QT, 1193 QT
3. Fridge, Ice Maker, Water Heater, Emergency Light, Emergency Exit Sign, Water Heater,
4. Emergency Light
5. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 11-26-18

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: Ronald V. AFS Date: 11-26-18

Signed: \_\_\_\_\_

E-Mail: ronald.s.voyt2.ctr@mail.mil

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **DOMESTIC HOT WATER HEATER - GAS**

**SITE AND BLDG #:** NY013 - BLDG 2

**MECHANIC  
SIGNATURE:** 

**DATE:** 11-26-18

**LOCATION/RM #:** M103 **WO#** 1191 **ASSET #** 9261  
Wash room

**START TIME:** 8:00 am

**FINISH TIME:** 8:30 AM

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                                                                                                                                                           | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|-------------------------------------------------------------------------|
|                                            |                                                                                                                                                                                                  | YES           | NO |                                                                         |
| SPECIAL INSTRUCTIONS                       |                                                                                                                                                                                                  |               |    |                                                                         |
| 1                                          | In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.                 | ✓             |    |                                                                         |
| 2                                          | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.                                      | ✓             |    |                                                                         |
| 3                                          | Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.                                                                 | ✓             |    |                                                                         |
| 4                                          | Do not allow any open flames around equipment.                                                                                                                                                   | ✓             |    |                                                                         |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |                                                                                                                                                                                                  |               |    |                                                                         |
| 1                                          | Attach drain hose. Drain several gallons from tank to remove sediment.                                                                                                                           | ✓             |    | Hooked up Hose to Drain and Drained for 2 min                           |
| 2                                          | Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge. | ✓             |    | Safety valve opened and closed No Leaks                                 |
| 3                                          | Check all connections - electric, gas and water. Tighten as necessary.                                                                                                                           | ✓             |    | all connections were tight                                              |
| 4                                          | Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses.                                             | ✓             |    |                                                                         |
| 5                                          | Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.                                                                                             | ✓             | ✓  | NO EXPANSION TANKS                                                      |
| 6                                          | Clean sight glasses on tanks.                                                                                                                                                                    |               | ✓  | NO sight glass present                                                  |
| 7                                          | Clean strainer, check condition of traps. Report and repair leaks.                                                                                                                               | ✓             |    | No Leaks                                                                |
| 8                                          | Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.                                                            | ✓             |    |                                                                         |
| 9                                          | If applicable, Remove and inspect Anode, replace if necessary                                                                                                                                    |               | ✓  | NO Anode                                                                |
| 10                                         | Clean up work area and remove trash.                                                                                                                                                             | ✓             |    |                                                                         |

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:**