

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: DE001 Date of Visit: 3/2/20

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 11802FQ, 11835MO, 11885SA, 11913MF, 11924Q, 11931S, 11803FQ
2. 11886SA, 11914F, 11932S
3. FILTERS, CHEMICAL POT FEEDER, EXPANSION TANKS, MINI SPLITS, WALL PACKS,
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 3/2/20

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: 3/2/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
CHEMICAL BYPASS/POT FEEDER

SITE AND BLDG #: **DE001-01**MECHANIC
SIGNATURE:DATE: **3/2/20**LOCATION/RM #: **WO# 11924 ASSET # 190918-111**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	Check physical condition of feeder. Clean and/or repair as needed.			
2	Check valves for proper operation. Ensure no leaks are present and repair 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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EXPANSION TANKS

SITE AND BLDG #: **DE001-01**MECHANIC
SIGNATURE: DATE: **3/2/20**

LOCATION/RM #:	WO# 11924	ASSET # 191918-113 191908-114	START TIME: 0900	FINISH TIME: 1630
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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.	/	/	

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To be performed by: General Maintenance Worker

Additional Notes: