

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: \_\_\_\_\_ Date of Visit: 3/12/20

Contractor Personnel on Site:

1. _____	3. _____
2. _____	4. _____

**Work Performed:**

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

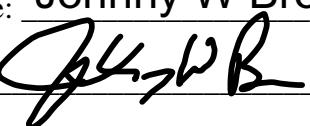
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 3/12/20

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 Ryan Willoughby Date: 3/12/20

Signed: 

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**CHEMICAL BYPASS/POT FEEDER**

SITE AND BLDG #: **MD019-01**MECHANIC  
SIGNATURE: 3/12/20LOCATION/RM #: **WO# 11926 ASSET # 190918-193**

START TIME:

0900

FINISH TIME:

1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.	/	/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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 #:** MD019-01

**MECHANIC  
SIGNATURE:**

**DATE:**

2/12/20

**LOCATION/RM #:** WO# 11926 **ASSET #** 190918-194 **START TIME:** 0900 **FINISH TIME:** 1630

<b>CHECK POINT</b>	<b>CHECKPOINT DESCRIPTION</b>	<b>TASK COMPLETE</b>		<b>NOTES/ ACTIONS</b> (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		<b>YES</b>	<b>NO</b>	
<b>SPECIAL INSTRUCTIONS</b>				
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.	/	/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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:**