

## 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. \_\_\_\_\_

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## 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**  
**OUTDOOR CONDENSING UNIT**

SITE AND BLDG #: **DE001-02**MECHANIC  
SIGNATURE

DATE:

3/2/20

**LOCATION/RM #:** **WO# 11932** **ASSET # 190918-119** **190918-118** **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	Schedule outage of unit with personnel in area the unit serves.			
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	If disposal of the equipment is required, follow regulations concerning removal of refrigerants and disposal of the unit.			
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Remove debris from air screen and clean underneath unit.			
2	Wash coil with coil cleaning solution - Rinse Thoroughly			
3	Straighten fin tubes with fin comb, as needed.			
4	Check electrical connections for tightness.			
5	Check mounting base for tightness.			
6	Inspect fans for bent blades, unbalance, excessive noise and vibrations.			
7	Inspect all piping for leaks and tighten loose connections.			
8	Check wires at condenser electrical fused safety switches for tightness and burned insulation. Repair as necessary.			
9	Check supply air temperature to ensure unit is operating properly. If possible record room temperature and Humidity			Room temp <u>68</u> Room Humidity <u>50</u> %
10	Inspect unit for overall condition and recommend for replacement or other needed repairs.			
11	Clean up work area.			

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: HVAC Technician

**Additional Notes:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**EMERGENCY EXIT SIGNS AND WALL PACKS**

ACTIVITY AND BLDG #: **DE001-002**MECHANIC  
SIGNATURE: DATE: **3/3/20**

LOCATION/RM #:

WO# **11932**ASSET # **190918-120**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>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Inspect for structural defects, note needed repairs	/	\	
2	Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket	/	\	
3	Clean exterior with dry cloth.	/	\	
4	For Exit lights check for proper arrow direction.	/	\	
5	Make and/or recommend any needed repairs.	/	\	

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:**