

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE002 Date of Visit: 7/27/20

Contractor Personnel on Site:

1. <u>JOHN BROWN</u>	3. _____
2. _____	4. _____

Work Performed:

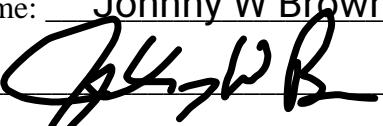
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S 12349AN 12370MO 12383SA 12433PMS
2. AIR COMPRESSOR, FENCE, MOTOR VEHICLE LIGHT, MANUAL GATE, OVERHEAD DOOR
3. AUTO ACCESS KEYCARD, HOT WATER PUMP
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 7/27/20

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: Hector Costalanos Date: 7/27/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOOR KEYPAD / CARD READER

SITE AND BLDG #: DE002-01

MECHANIC
SIGNATURE:

7/27/20

LOCATION/RM #: WO# 12433 ASSET # 190918-121

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	If applicable, test the controls for communications to the monitoring center. Inspect key pad for sticking keys and LED lights proper operation .	/	/	
2	Check power supplies.Clean keys and pad with a quick dry electrical cleaner .Wipe unit down	/	/	
3	Inspect and test the operation of device.-Observe unit in use by customer	/	/	
4	Ensure proper protection of all visible wiring and conduits	/	/	
5	Verify that no compromise to devices has occurred (compromise of devices could be from building alterations, partitions, furniture or other obstacles) Any deficiencies found open a CM work order in Maximo and quote will be provided for CM repairs .Notate in note Column	/	/	

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
UNIT HEATER, HOT WATER

SITE AND BLDG #: DE002-01

MECHANIC
SIGNATURE:

DATE: 7/27/20

LOCATION/RM #: WO# 12433 ASSET # 190918-129

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	Schedule shutdown with operating personnel.			
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.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check valve for signs of abnormal wear and leaks. Replace packing if needed.			
2	Clean the coils			
3	Comb the fins as needed.			
4	Clean all fans and motors.			
5	Check operation of controls and safeties.			
6	Lubricate as required.			
7	Check all motors, belts, pulleys, shafts, etc. for alignment.			

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To be performed by: General Maintenance Worker

Additional Notes: