

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE001 Date of Visit: 8/4/20

Contractor Personnel on Site:

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

Work Performed:

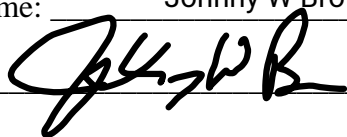
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S 12498MO, 12510QT, 12543PMF12544PMQ, 12511PMQT
2. MEP LIGHTS, REFRIGERATOR, WATER HEATERS, TIME CLOCK,
3. AIR HANDLER
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Johnny W Brown Date: 8/4/20

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: 8/4/20

Signed: 

E-Mail: _____

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
REACH-IN REFRIGERATORS/ FREEZERS**

MECHANIC
SIGNATURE:



DATE: 8/4/20

START TIME: 0900

FINISH TIME: 1630

SITE AND BLDG #: DE001-01

LOCATION/RM #: WO# 12510 ASSET # 1468

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|---|---------------|----|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 1 | Review manufacturer's instructions. | | | |
| 2 | De-energize, lock out, and tag electrical circuits. | | | |
| 3 | If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance. | | | |
| 4 | If materials containing refrigerants are discarded, comply with EPA regulations as applicable. | | | |
| 5 | Closely follow all safety procedures described in the Safety Data Sheet (SDS) for the refrigerant and to all labels on refrigerant containers. | | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Check with operating or area personnel for any deficiencies; verify cleaning program. | | | |
| 2 | Verify indicator light on; check compartment temperature. | | | |
| 3 | Examine evaporator for proper clearances/slope and air flow. | | | |
| 4 | Examine handles, hinges and tightness of door closure. | | | |
| 5 | Examine safety door release and fan shut down safety switch. | | | |
| 6 | Inspect lighting for burnt out lamps. | | | |
| 7 | Check starter panels and controls for proper operation, burned or loose contacts, and loose connections. | | | |
| 8 | Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s). | | | |
| 9 | Clean condenser coil and condensing unit section. | | | |
| 10 | Clean and inspect defrost evaporation trays/pans. | | | |
| 11 | Inspect defrost systems for proper operation, including timer; adjust as required. Have automatic defrosters adjusted as required so freezer will defrost during "Off Peak" hours | | | |
| 12 | Check operation of thermostats; calibrated as required. | | | |
| 13 | Check coil superheat and adjust to manufacturers recommendations. | | | |
| 14 | Inspect and service all electric motors. | | | |

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: DE001-01

**MECHANIC
SIGNATURE:**



DATE: 8/4/20

LOCATION/RM #: Rm.11 WO# 12510 ASSET # 1470

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. | | | |
| 2 | Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak. | | | |
| 3 | 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. | | | |
| 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. | | | |
| 3 | Check all connections - electric, gas and water. Tighten as necessary. | | | |
| 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 | Clean water heater exterior. | | | |
| 6 | Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required. | | | |
| 7 | Soap test for gas leaks, if leaks are found notify facility manager and AFOS immediately. | | | |
| 8 | 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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

TIME CLOCK, LIGHTING

SITE AND BLDG #: **DE001-01**MECHANIC
SIGNATURE: DATE: **8/4/20**LOCATION/RM #: _____ WO# **12510** ASSET # **1472**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 | 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. | | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up. | | | |
| 2 | Check physical connections. | | | |
| 3 | Verify the timeclock configuration, ensure proper operation. | | | |
| 4 | If applicable, check battery and replace 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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: