CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE

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

FACID/Building: __MD024_____ Date of Visit: _____8/10/20____

Contractor Personnel on Site:

1. __John Brown_____   3. _____

2. _____   4. _____

Work Performed:

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

1. __WO'S 12490FQ 12504MO, 12524QT_____
2. __FILTERS, GATES, KITCHEN RQUIP, WATER HEATERS, LIGHTING____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

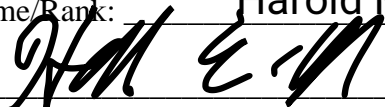To be signed by the Contractor:

Print Name: _____John Brown_____ Date: ____8/10/20____

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: ____Harold Merson_____ Date: __8/10/20____

Signed: _____

E-Mail: _____

CMI Management Inc.

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - ELECTRIC

SITE AND BLDG #: MD024-01

LOCATION/RM #:   **WO#** 12524   **ASSET #** 1562
     1563

MECHANIC SIGNATURE: _(signature)_   **DATE:** 8/10/20

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	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 and water. Tighten as necessary. Ensure power is disconnected to electric heaters prior to checking connections.	✓		
4	Check operation/ setting of aquastat. Check hot water temperature with dial thermometer, set aquastat at minimum value required for all uses.	✓		
5	Check amperage draw of upper and lower elements and compare to name plate data.	✓		AMP READINGS L1 _____ L2 _____
6	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 discription of the deficiency.

To be perfomed by: General Maintenance Worker

Additional Notes:

CMI Management Inc.

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: MD024-01

MECHANIC SIGNATURE: *(signature)* **DATE:** 8/10/20

LOCATION/RM #:   **WO#** 12524   **ASSET #** 1564

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 and coordinate work 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	Inspect lighting contactor for pitting or arcing - report issues	✓		
2	Inspect visual condition of wiring. Look for evidence of overheating.	✓		
3	Check for proper light operation.	✓		
4	Test operation of automatic switches/ time clock/ photocells if applicable.	✓		
5	Inspect light pole and mounting devices for deficiencies.	✓		
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	✓		

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 perfomed by: General Maintenance Worker

Additional Notes: