

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD019 Date of Visit: 9/22/20

Contractor Personnel on Site:

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

Work Performed:

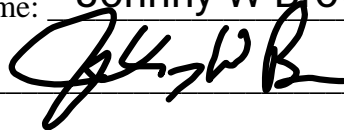
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S 12629FQ,12646MO,12661QT,12702SA,12731PMQ,12662QT,12681SA
2. FILTERS, GATE, GREASE TRAP, CIRCULATING PUMPS,
3. RTP, CHEMICAL POT FEEDER, EXPANSION TANK, HEATERS
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 9/22/20

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 William Schaffer Date: 9/22/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
OUTDOOR PACKAGED UNIT/ROOF TOP UNIT (RTU)

SITE AND BLDG #: MD019-01

**MECHANIC
SIGNATURE:**

 **DATE:** 9/22/20

LOCATION/RM #: **WO# 12702 ASSET # 2051**
2052

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Thoroughly inspect and clean interior and exterior of machine with wet/ dry vacuum, (remove panels).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Clean drain pan and note excessive corrosion. Treat rusted areas with rust inhibitor. Ensure that the rust inhibitor chemical does not add volatile organic compounds or contaminants to the drain pan. If possible, rinse well after application or choose a less hazardous material. Consult the chemicals Safety Data Sheet (SDS) for this information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Check for refrigeration leaks on all lines, valves, fittings, coils, etc., using a halogen leak detector or similar testing device. If leaks are not able to be stopped or corrected, report leak status to supervisor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Check condition of cooling and reheat coils. Use fin comb if need to straighten fins.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Clean coils. Use detergent solution and warm water if coil is heavily soiled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Clean and lubricate motor and squirrel cage fan(s). Check alignment of motor and fan. Check bearings for excessive wear.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Check belt tension and condition. Adjust or replace as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Replace pre-filters if needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	Replace final filter if needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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		YES	NO	
11	If applicable confirm the following: i. Humidistat activates humidifier. ii. Reheat coils activate properly. iii. Discharge air temperature is set properly.			
12	Check and adjust vibration eliminator mountings if equipped. Repair or replace if required			
13	If applicable, clean and test condensate pump and alarm.			

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: HVAC Technician

Additional Notes: