

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE002 Date of Visit: 9/29/20

Contractor Personnel on Site:

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

**Work Performed:**

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

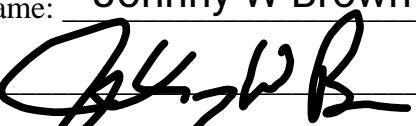
1. WO'S 12621FQ,12642MO,12653QT,12673SA,12693SA,12720PMF, 12736PMS
2. FILTERS, LIGHTING, VEHICLE EXHAUST, CIRCULATING PUMPS, HEATERS
3. MINI-SPLITS, CONDENCERS, WALL PACKS
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 9/29/20

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 Gustavo Bonilla Date: 9/29/20

Signed: 

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**OUTDOOR CONDENSING UNIT**

SITE AND BLDG #: **DE002-01**MECHANIC  
SIGNATURE: DATE: **9/29/20**

**LOCATION/RM #:** **WO# 12693 ASSET # 1721 -1723**  
**12736 190918-125**

START TIME: **0900**FINISH TIME: **1630**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION   | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|---------------|----|---|
|   |  | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |  |               |    |   |
| 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   | Schedule outage of unit with personnel in area the unit serves.  | /             | /  |   |
| 3   | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.                      | /             | /  |   |
| 4   | 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.  | /             | /  |   |
| 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 #: **DE002-01**MECHANIC  
SIGNATURE: DATE: **9/29/20**

LOCATION/RM #:

**WO# 12736**ASSET # **190918-128**START TIME: **0900**FINISH TIME: **1630**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(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.   | /             | /  |   |

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To be performed by: General Maintenance Worker

**Additional Notes:**