

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE007 Date of Visit: 9/24/20

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 12643MO,12668QT,12694SA,12730PMQ,12737PMS,12644MO
2. LIGHTING, CIRCULATING PUMPS, HVAC CONTROL PANELS,
3. EXPANSION TANKS, GLYCOL FEEDER, WALL PACKS, GATE
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 9/24/20

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:  Danielle Barrett Date: 9/24/20

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DDC CONTROLLER**

SITE AND BLDG #: **DE007-01**MECHANIC  
SIGNATURE:DATE: **9/24/20**

LOCATION/RM #:	WO# <b>12694</b>	ASSET # <b>1766-1770</b>	START TIME: <b>0900</b>
	<b>12737</b>	<b>190918-134</b>	FINISH TIME: <b>1630</b>

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.	/	/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Obtain username and password for login. If not available, contact appropriate company manager to obtain access.	/	/	
2	Login into system, check for any alarms currently on system. Make necessary repairs to correct alarms back to normal state.	/	/	
3	Check physical condition of the device. Shut off power to the unit. Vacuum any remaining dust. Turn power back on to the unit.	/	/	
4	Check all fuses for evidence of heating or weakening.	/	/	
5	Check system for alarms	/	/	
6	Check all plug connections in the panel to ensure the plugs are fully seated.	/	/	

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 #:** DE007-01

**MECHANIC  
SIGNATURE:**

**DATE:** 9/24/20

**LOCATION/RM #:** WO# 12737 **ASSET #** 190918-139 **START TIME:** 0900 **FINISH TIME:** 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (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.	/	/	

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:**