

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA050 Date of Visit: 11.06.2020

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>RICHARD WALKER</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. WO'S 12952FQ,12957FQ,12984MO,13008QT,13033SA,13040SA
2. 13079Q,
3. FILTERS, GATE, ICE MAKER, WATER HEATER, OUTSIDE LIGHTING
4. AIR HANDLERS, CHILLERS, CONDENSING UNITS,
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 11.06.2020

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: _____ Date: 11.06.2020

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

ICE MAKER

SITE AND BLDG #: VA050-01

LOCATION/RM #: Kitchen WO# 13008 ASSET # 1601

MECHANIC SIGNATURE: Richard Walker DATE: 11.06.2020

START TIME: 9am FINISH TIME: 5PM

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	De-energize, lock out, and tag electrical circuits.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Only approved cleaning chemicals shall be used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Visually check for refrigerant, oil and water leaks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Inspect ice condition/size.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Clean air filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	As needed, drain and clean unit with proper ice machine cleaning solution. Drain and cleen at a minimum of annually.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Check and tighten any loose screw-type electrical connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Check all controls; adjust if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	Check and clear ice machine draining system (drain vent, strainer, trap).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	Clean motor, compressor, and condenser coil.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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

DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: VA050-01MECHANIC SIGNATURE: Richard WalkerDATE: 11.06.2020LOCATION/RM #: MECH RM WO# 13008ASSET # 1605START TIME: 9amFINISH TIME: 5pm

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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Do not allow any open flames around equipment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Clean water heater exterior.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7	Soap test for gas leaks, if leaks are found notify facility manager and AFOS immediately.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Clean up work area and remove trash.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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:

Everything working