

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE002 Date of Visit: 11/23/20

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 12934FQ,12976MO, 12989QT,13012SA,13059PMF, 13098PMS,
2. FILTERS,LIGHTING,REFRIGERATORS,WATER HEATERS,DEHUMIDIFIER
3. AIR HANDLER, CONDENSING UNIT
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 11/23/20

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: \_\_\_\_\_

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**AIR HANDLER**

SITE AND BLDG #: **DE002-01**MECHANIC  
SIGNATURE: DATE: **11/23/20**

**LOCATION/RM #:** **WO# 13012 ASSET # 1707 1708**  
**13098 190918-126**

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>SPECIAL INSTRUCTIONS</b>				
1	Remove power at Drive or at Breaker Panel. Verify with tester or meter that power has been removed. Install lock out tag out if servicing alone or in confined space for safety precautions.	/	/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check fan blades and moving parts for cracks and excessive wear.	/	/	
2	Check running motor amperatures on all three phases (record in note column) notate L1, L2, and L3 amp draws.-Inspect contactors	/	/	L1 ____ L2 ____ L3 ____
3	Tighten all electrical connectors/lugs to proper torque.	/	/	
4	If unit is a multi-zone air handler, then check each individual zone damper and associated controls.	/	/	
5	Check bearing collar set screws on fan shaft to make sure they are tight.	/	/	
6	Replace filters quarterly, replace as necessary. Check belt, repair or replace as necessary.	/	/	
7	Check damper actuators and linkage for proper operation. Adjust linkage on dampers if out of alignment.	/	/	
8	Lubricate mechanical bearings and connections sparingly.	/	/	
9	Clean coils by brushing, blowing, vacuuming	/	/	
10	Check coils for leaking, tightness of fittings.	/	/	
11	Use fin comb to straighten coil fins.	/	/	
12	Report any equipment rust or condensate pan rust -IF found open CM	/	/	
13	Flush and clean condensate pans and drains, Hose down coils and drain pans and wash with an appropriate EPA approved solution approved solution. Treat condensate pans with an EPA approved biocide.	/	/	
14	Check belts for wear and cracks, adjust tension or alignment. Replace belts when necessary. Multi-belt drives shall only be replaced with matched sets.	/	/	
15	Check rigid couplings for alignment on direct drives, and for tightness of assembly. Check flexible couplings for alignment and wear.	/	/	

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
16	Check and test freezestat for proper operation			
17	Vacuum interior of unit.			
18	Check filter doors and access doors for proper gasketing and air leaks. Correct as necessary.			
19	Lubricate fan shaft bearings while unit is running. Add grease slowly until slight bleeding is noted from the seals. Do not over lubricate. Remove old or excess lubricant.			
20	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**  
**DEHUMIDIFIER**

SITE AND BLDG #: **DE002-01**MECHANIC  
SIGNATURE:DATE: **11/23/20**LOCATION/RM #: **WO# 13012 ASSET # 1714**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>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.			couldn't access unit. no one could open the vault
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check water inlet and outlet for any leaks, repair as needed.			
2	Clean and/or replace filter as needed. -Record space humidity			Space Humidity _____ %
3	If applicable, check hours per usage, replace tanks's as needed.			

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:**