

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA701 Date of Visit: 11.24.2020

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 12955PFQ, 13036PMSA, 13042PMA, 13064PMM, 13080PMQ, 13041SA,
2. 13072PMQ
3. FILTERS, DEHUMIDIFIER, AHU UNITS, ERV, CHILLER, GUTTERS
4. DOWNSPOUTS, MISC KITCHEN EQUIPMENT, LIGHTING, WATER HEATER
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Richard Walker Date: 11.24.2020

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: sgt. Casey Date: 11.24.2020

Signed: \_\_\_\_\_

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### INTERIOR LIGHTING

ACTIVITY AND BLDG #: VA701-01MECHANIC SIGNATURE: Richard Walker DATE: 11.24.2020LOCATION/RM #: COMMON AREAS WO# 13080 ASSET # 3Y240START TIME: 8am FINISH TIME: 4PM

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Visually check all accessible areas for burned out bulbs and/or flickering lights. Check with the facility manager to see if they know of any outages.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Replace bulbs where applicable. Note quantity of bulbs replaced. If lift is required, schedule accordingly.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Test light fixture. If light does not work, replace starters and/or ballasts as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Note and report any needed electrical repairs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Properly dispose of any non-working bulbs and ballasts.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Clean up area and remove any 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:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**EMERGENCY EXIT SIGNS AND WALL PACKS**

ACTIVITY AND BLDG #: **VA701-01**MECHANIC  
SIGNATURE:*Richard Walker*DATE: *11.24.2020*LOCATION/RM #: *EXITS/  
Halls* WO# **13080** ASSET # **3Y241**

START TIME:

*8am*

FINISH TIME:

*4pm*

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS  (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect for structural defects, note needed repairs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Clean exterior with dry cloth.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	For Exit lights check for proper arrow direction.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Make and/or recommend any needed repairs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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To be perfomed by: General Maintenance Worker

**Additional Notes:**

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### ICE MAKER

SITE AND BLDG #: VA701-01

LOCATION/RM #: Left side of Kitchen WO# 13080 ASSET # 3Y358

MECHANIC SIGNATURE: Richard Walker DATE: 11.24.2020

START TIME: 8am FINISH TIME: 4pm

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 checked="" type="checkbox"/>	
2	Only approved cleaning chemicals shall be used.	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	
2	Visually check for refrigerant, oil and water leaks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Inspect ice condition/size.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Clean air filter	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	
7	Check and tighten any loose screw-type electrical connections.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Check all controls; adjust if necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
9	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
10	Check and clear ice machine draining system (drain vent, strainer, trap).	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	
12	Clean motor, compressor, and condenser coil.	<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:**

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### LIGHTING, OUTSIDE

SITE AND BLDG #: VA701-01

MECHANIC  
SIGNATURE:

 DATE: 11.24.2020

 LOCATION/RM #: <sup>Perkins</sup> ~~SRV~~ bldg. WO# 13064 ASSET # <sup>3Y258</sup> ~~3Y242~~  
 3Y243

START TIME:

8am FINISH TIME: 4pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Schedule and coordinate work with operating personnel.	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect lighting contactor for pitting or arcing - report issues	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Check for proper light operation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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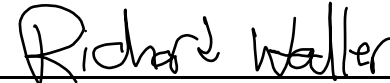
To be performed by: General Maintenance Worker

**Additional Notes:**

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: VA701-01

MECHANIC  
SIGNATURE:

 DATE: 11.24.2020

LOCATION/RM #: Next to ice (kitchen) Maker WO# 13080

 ASSET # 3Y359,3Y360, 3Y361  
 3Y362,3Y363

START TIME:

8am

FINISH TIME:

4pm

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 checked="" type="checkbox"/>	
2	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	
2	Verify indicator light on; check compartment temperature.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Examine evaporator for proper clearances/slope and air flow.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Examine handles, hinges and tightness of door closure.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Examine safety door release and fan shut down safety switch.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Inspect lighting for burnt out lamps. Replace if required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Clean condenser coil and condensing unit section.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
9	Clean and inspect defrost evaporation trays/pans.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
10	Check operation of thermostats; calibrated as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
11	Check coil superheat and adjust to manufacturers recommendations.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
12	Inspect and service all electric motors.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
13	Check box floor for water or ice accumulation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
14	Clean up area and note any deficiencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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To be performed by: General Maintenance Worker

**Additional Notes:**

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### WATER HEATER - TANKLESS

SITE AND BLDG #: VA701-01

MECHANIC  
SIGNATURE:

Richard Walker

DATE: 11.24.2020

 LOCATION/RM #: *Right side Kitchen* WO# 13080 ASSET # 3Y412  
 3Y413  
 3Y414

START TIME:

8am

FINISH TIME:

4pm

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	Lift and release the lever handle on the pressure relief valve, located in the hot outlet piping of the water heater, to make certain the valve operates freely. Allow several gallons to flush through the discharge line to an open drain.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Check for any abnormal sounds during normal operation of the water heater.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Vacuum around the water heater for dust, dirt and lint. Clean the water heater by using a damp soft cloth with a fewdrops of mild detergent and gently wiping the surfaces of the unit. Wipe any remaining moisture with a dry soft cloth.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Drain and flush unit with proper cleaning solution to remove any mineral build up. Refer to manufactureres instructions for specific flushing instructions.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	As needed, clean and/or replace water filter as applicable.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	If applicable, inspect venting system. Check vent connection joints with a solution of soapy water to assure air tightness.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7	Visually inspect the main burners. Inspect the burner flame with the main burner off and inspectthe main burner while firing. Note any deficiencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Inspect the condensate trap to ensure there is enough water in the trap and the condesate is draining properly.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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To be peromed by: General Maintenance Worker

**Additional Notes:**

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: **VA-701-01**MECHANIC SIGNATURE: Richard Walker DATE: 11.24.2020LOCATION/RM #: Mech Room WO# **13080** ASSET # **3Y415**START TIME: 8am FINISH TIME: 4pm

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"/>	

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To be performed by: General Maintenance Worker

**Additional Notes:**



## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### DOMESTIC HOT WATER HEATER - ELECTRIC

SITE AND BLDG #: VA701-1

MECHANIC

SIGNATURE: Richard Walker DATE: 11.24.2020LOCATION/RM #: Mechanical Room WO# 13080 ASSET # 3Y415START TIME: 8am FINISH TIME: 4p

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.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Attach drain hose. Drain several gallons from tank to remove sediment.	✓		
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.	✓		
3	Check all connections - electric and water. Tighten as necessary. Ensure power is disconnected to electric heaters prior to checking connections.	✓		
4	Check operation/ setting of aquastat. Check hot water temperature with dial thermometer, set aquastat at minimum value required for all uses.	✓		
5	Check amperage draw of upper and lower elements and compare to name plate data.	✓		AMP READINGS L1 <u>8</u> L2 <u>8</u>
6	Clean up work area and remove trash.	✓		

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 perfomed by: General Maintenance Worker

**Additional Notes:**