

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: MD019 Date of Visit: 11/18/20

Contractor Personnel on Site:

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

### **Work Performed:**

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

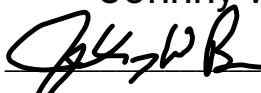
1. WO'S 12943FQ,12980MO,12997QT,13022SA,13061F,13088Q,13103S
2. 12944FQ,12998QT
3. FILTERS,GATE, KITCHEN EQUIP, WATER HEATERS. AIR HANDLER, CHILLER
4. HUMIDIFIER, FURNACE, SUMPPUMP, TIME CLOCK, VFD
5. \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

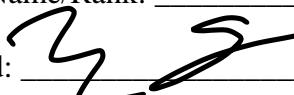
Print Name: Johnny W Brown Date: 11/18/20

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 William schaffer Date: 11/18/20

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**SUMP PUMP**

SITE AND BLDG #: **MD019-01**MECHANIC  
SIGNATURE: DATE: **11/18/20**

LOCATION/RM #:

WO# **13088**ASSET # **191918-191**

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.	/	/	
2	Excessive sediment and debris, not removed by flushing the pit should be handled on a project basis, and not considered under this standard.	/	/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Remove cover plates and flush pit.	/	/	
2	Inspect check valve.	/	/	
3	Inspect interior of pit for cracks.	/	/	
4	Inspect cover plate is in place	/	/	
5	Insuure the unit is operating properly, report any deficiencies	/	/	
6	Clean up work area and remove all debris.	/	/	

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 perfromed by: General Maintenance Worker

**Additional Notes:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**TIME CLOCK, LIGHTING**

MECHANIC  
SIGNATURE:



DATE: 11/18/20

SITE AND BLDG #: **MD019-01**

LOCATION/RM #:

**WO# 13088****ASSET # 191919-192**

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.	/		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.	/		
2	Check physical connections. Check wiring connections for tightness	/		
3	Verify the timeclock configuration, ensure proper operation.	//		
4	If applicable, check battery and replace as needed.	/		

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To be performed by: General Maintenance Worker

**Additional Notes:**