

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE001 Date of Visit: 12/23/20

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 13179 FQ, 13247 SA, 13287 PMQ, 13180 FQ, 13248 SA
2. filter, heaters, chemical pot, expansion tank
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 12/23/20

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: Jason Gavin Date: 12/23/20

Signed: 

E-Mail: _____

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FILTER REPLACEMENT**

SITE AND BLDG #: DE001-01

MECHANIC SIGNATURE:  **DATE:** 01/19/21

LOCATION/RM #: WO# 13179

START TIME: 0900 **FINISH TIME:** 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace filters as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Initial and Date Filter (if disposable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Initial and Date Yellow Maintenance Tag (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ASSET #	SIZE	QTY		NOTES/ ACTIONS
	Record Size :			
1679	washable filters		1 ea.	
1680				
1681				
1682				
1683				
1684				
1685				
1686				
	NOTE : Any AHU with outside air -Filter gets replaced Quarterly			
	All other filters get replaced annually But inspected Quarterly			

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 Technician

Additional Notes:

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FAN COIL UNIT**

SITE AND BLDG #: DE001-01
LOCATION/RM #: 13179 & 13247 **WO#** 1679-1686
ASSET # 1679-1686

MECHANIC SIGNATURE:  **DATE:** 01/19/21
START TIME: 0900 **FINISH TIME:** 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	As needed, de-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. Follow lock out/tag out procedures at all times.	/	/	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check fan blades for dust buildup and clean if necessary.	/	/	
2	Check fan blades and moving parts for cracks and excessive wear.	/	/	
3	Tighten all electrical connectors to proper torque asneeded.	/	/	
4	Check that the fan runs properly in all speeds as applicable.	/	/	
5	Check dampers and rotating auto diffusers for dirt accumulations, clean as necessary. Check felt, repair or replace as necessary.	/	/	
7	Lubricate mechanical connections of dampers sparingly as applicable.	/	/	
8	Check the valve(s) for signs of leakage and proper operation. If leak is detected, submit a CM.	/	/	
9	Clean coils by brushing, blowing, vacuuming	/	/	
10	Check coils for leaking, tightness of fittings.	/	/	
11	Use fin comb to straighten coil fins as needed.	/	/	
12	Check belts for wear and cracks, adjust tension or alignment as applicable. Replace belts when necessary.	/	/	
13	Check rigid couplings for alignment on direct drives, and for tightness of assembly	/	/	
14	Vacuum interior of unit.	/	/	
15	Check filter door for proper gasketing and air leaks. Correct as needed.	/	/	
16	Change the filter as needed with the correct size and type filter.	/	/	Filter gets checked Quarterly
17	Insure that drain(s) are clear and running.- Install condensate tablet	/	/	
18	Clean up work area. - Record Humidity level in area	/	/	Humidity _____ %

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To be performed by: General Maintenance Worker

Additional Notes:

