

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD019 Date of Visit: 12/10/20

Contractor Personnel on Site:

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

**Work Performed:**

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

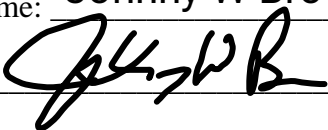
1. WO 13189 FQ, 13216 MO, 13231 QT, 13289 PMQ, 13232QT, 13250 PM
2. FILTERS, GATE, GREASE TRAP, CIRCULATING PUMPS
3. CHEM POT FEEDER, EXP TANK, HEATER
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 12/10/20

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: 12/10/20

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST EXPANSION TANKS

**SITE AND BLDG #:** MD019-02









**MECHANIC  
SIGNATURE:**

**DATE:** 12/10/20

**LOCATION/RM #:**                      **WO#** 13232                      **ASSET #** 1654

**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	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	Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed.			
2	If applicable, Check sight glass, insure level is between 1/2 and 3/4 sight glass. Correct as needed.			
3	If applicable, check tank pressure via schrader valve. Correct 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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**





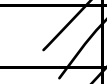
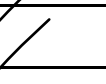
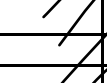
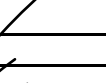
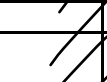
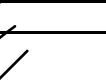
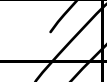
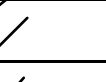
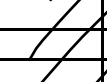
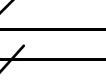

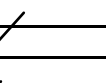

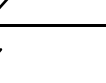
# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **VEHICLE EXHAUST REMOVAL**

**SITE AND BLDG #:** MD019 B-2

**LOCATION/RM #:** WO# 13232 ASSET # 1546

**MECHANIC SIGNATURE:**  **DATE:** 01/28/21

**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	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	Start and stop fan with local switch			
2	Check motor and fan shaft bearings for noise, vibraton, overheating; lubrucate bearings.-Inspect hoses -report issues -open CM ticket			
3	Inspect, adjust belts and pulleys. Replace belt as needed.			
4	Clean dampers; lubricate pivot points (annually) and inspect linkages for tightness.			
5	Inspect fan for bent blades, unbalance, excessive noise and vibration.			
6	Clean fan as needed.			
7	Visually inspect exhaust system tubing and/or duct work for any damage that could result in leaks.			
8	Repair 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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**