

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA011 Date of Visit: 2 22 2021

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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Richard Walker Date: 2.22.2021

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: Chris Chapp Date: 2 22 . 2021

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### DRINKING FOUNTAIN

SITE AND BLDG #: VA 011-01MECHANIC  
SIGNATURE: Prohla WalkerDATE: 2.22.2021LOCATION/RM #: Outside gym WO# 13557 ASSET # 190918-234START TIME: 9amFINISH TIME: 5pm

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 type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Clean compressor compartment including coils, fan, compressor and other components.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	If applicable, replace filter as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Filter is good
3	Clean evaporator drain pan and drain piping as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Check for water leaks in supply and drain lines.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Check electrical wiring for fraying and loose connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Lubricate fan bearing motors, as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Check operation of unit for unusual noise, vibration, short cycling, and water temperature.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Check mouthpiece water pressure; adjust as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Clean unit, removing any dust, dirt, calcium buildup, etc.	<input checked="" type="checkbox"/>	<input 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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**