

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD019 Date of Visit: 02/23/21

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. <u>PM MAINTENANCE</u> | _____ |
| 2. _____                 | _____ |
| 3. _____                 | _____ |
| 4. _____                 | _____ |
| 5. _____                 | _____ |

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 02/23/21

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: 02/23/21

Signed: 

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

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

SITE AND BLDG #: **MD019 B-1** MECHANIC SIGNATURE:  DATE: **02/23/21**  
 LOCATION/RM #: **WO# 13596 ASSET # 190918-192** START TIME: **0900** FINISH TIME: **1630**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(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.   | /             | \  |   |

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**  
**SUMP PUMP**

SITE AND BLDG #: MD019 B-1MECHANIC  
SIGNATURE: 

DATE: 02/23/21

LOCATION/RM #: WO# 13596 ASSET # 190918-191START TIME: 0900FINISH TIME: 1630

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(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.   | /             | /  |   |

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To be perfromed by: General Maintenance Worker

**Additional Notes:**