

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA049 Date of Visit: 3/19/21

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. WO#s 13765, 13763, 13769, 13669, 13799, 13670,
13681, 13764, 13774, 13671, 13682, 13720, 13739,
 2. 13765, 13775, 13793
 3. _____
 4. _____
 5. Asset# 3y129, 3y130, 3y131, 2317, 3y127, 3y128, 2324,
2326, 3y217, 3y218, 3y219, 3y220, 3y278, 3y355, 3y233,
3y234, 3y235, 2332, 2333, 3y279, 3y280, 2340, 2341, 3y281,
3y282, 3y283, 3y260
-

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 3/19/21

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: Chris Chipps Date: 3/19/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST OUTDOOR CONDENSING UNIT

MECHANIC

SIGNATURE: 

DATE: 3/29/21

SITE AND BLDG #: VA049-04

LOCATION/RM #: behind bldg WO# 13775 ASSET # 3y282,
3y283

START TIME: 9am

FINISH TIME: 5pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Schedule outage of unit with personnel in area the unit serves.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	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 checked="" type="checkbox"/>	
4	If disposal of the equipment is required, follow regulations concerning removal of refrigerants and disposal of the unit.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove debris from air screen and clean underneath unit.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Wash coil with coil cleaning solution - Rinse Thoroughly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Straighten fin tubes with fin comb, as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Check electrical connections for tightness.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Check mounting base for tightness.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Inspect fans for bent blades, unbalance, excessive noise and vibrations.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7	Inspect all piping for leaks and tighten loose connections.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Check wires at condenser electrical fused safety switches for tightness and burned insulation. Repair as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
9	Check supply air temperature to ensure unit is operating properly. If possible record room temperature.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
10	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
11	Clean up work area.	<input checked="" type="checkbox"/>	<input checked="" 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 description of the deficiency.

To be performed by: HVAC Technician

Additional Notes: