

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD002 Date of Visit: 05/26/21

Contractor Personnel on Site:

1. John Brown 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**Work Performed:**

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

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

**74**

**58**

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 05/26/21

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:

**1st Lieutenant Brendan Hoofnagle**

Print Name/Rank: \_\_\_\_\_ Date: 05/26/21

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**AIR HANDLER**

SITE AND BLDG #: MD002 B-1LOCATION/RM #: WO# 14058 ASSET #1805-1808MECHANIC  
SIGNATURE: DATE: 05/07/21START TIME: 0900FINISH TIME: 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)	
		YES	NO	SPECIAL INSTRUCTIONS	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>					
1	Check fan blades and moving parts for cracks and excessive wear.	/	/		
2	Check running motor amperatures on all three phases (record in note column) notate L1, L2, and L3 amp draws.-Inspect contactors	/	/	L1 <u>20</u> L2 <u>21</u> L3 <u>20</u>	5.1 5.1.5.1
3	Tighten all electrical connectors/lugs to proper torque.	/	/		
4	If unit is a multi-zone air handler, then check each individual zone damper and associated controls.	/	/		
5	Check bearing collar set screws on fan shaft to make sure they are tight.	/	/		
6	Replace filters quarterly, replace as necessary. Check belt, repair or replace as necessary.	/	/		
7	Check damper actuators and linkage for proper operation. Adjust linkage on dampers if out of alignment.	/	/		
8	Lubricate mechanical bearings and connections sparingly.	/	/		
9	Clean coils by brushing, blowing, vacuuming	/	/		
10	Check coils for leaking, tightness of fittings.	/	/		
11	Use fin comb to straighten coil fins.	/	/		
12	Report any equipment rust or condensate pan rust -IF found open CM	/	/		
13	Flush and clean condensate pans and drains, Hose down coils and drain pans and wash with an appropriate EPA approved solution approved solution. Treat condensate pans with an EPA approved biocide.	/	/		
14	Check belts for wear and cracks, adjust tension or alignment. Replace belts when necessary. Multi-belt drives shall only be replaced with matched sets.	/	/		
15	Check rigid couplings for alignment on direct drives, and for tightness of assembly. Check flexible couplings for alignment and wear.	/	/		

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
16	Check and test freezestat for proper operation	/	/	
17	Vacuum interior of unit.	/	/	
18	Check filter doors and access doors for proper gasketing and air leaks. Correct as necessary.	/	/	
19	Lubricate fan shaft bearings while unit is running. Add grease slowly until slight bleeding is noted from the seals. Do not over lubricate. Remove old or excess lubricant.	/	/	
20	Clean up work area.	/	/	

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:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**OUTDOOR CONDENSING UNIT**

SITE AND BLDG #:

MD002 B-1

MECHANIC  
SIGNATURE: 

DATE: 05/07/21

LOCATION/RM #:

WO# 14058

ASSET # 1809-1813

START TIME:

0900

FINISH TIME:

1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	Schedule outage of unit with personnel in area the unit serves.	/		
2	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	/		
3	If disposal of the equipment is required, follow regulations concerning removal of refrigerants and disposal of the unit.	/		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Remove debris from air screen and clean underneath unit.	/		
2	Wash coil with coil cleaning solution - Rinse Thoroughly	/		
3	Straighten fin tubes with fin comb, as needed.	/		
4	Check electrical connections for tightness.	/		
5	Check mounting base for tightness.	/		
6	Inspect fans for bent blades, unbalance, excessive noise and vibrations.	/		
7	Inspect all piping for leaks and tighten loose connections.	/		
8	Check wires at condenser electrical fused safety switches for tightness and burned insulation. Repair as necessary.	/		
9	Check supply air temperature to ensure unit is operating properly. If possible record room temperature and Humidity	/		Room temp _____ Room Humidity _____ %
10	Inspect unit for overall condition and recommend for replacement or other needed repairs.	/		
11	Clean up work area.	/		

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:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DEHUMIDIFIER**

SITE AND BLDG #: MD002 B-1MECHANIC  
SIGNATURE:DATE: 05/07/21LOCATION/RM #: WO# 14058 ASSET # 1822 START TIME: 0900 FINISH TIME: 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (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.			could not PM. no one to let me in the vault
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check water inlet and outlet for any leaks, repair as needed.			
2	Clean and/or replace filter as needed. -Record space humidity			Space Humidity _____ %
3	If applicable, check hours per usage, replace tanks's 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**  
**EXPANSION TANKS**

SITE AND BLDG #:

MD002 B-1

MECHANIC  
SIGNATURE:

DATE: 05/07/21

LOCATION/RM #:

WO# 14058 ASSET # 1803, 1804

START TIME:

0900

FINISH TIME:

1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (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	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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**