

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

**Work Performed:**

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

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

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**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**  
**OUTDOOR PACKAGED UNIT/ROOF TOP UNIT (RTU)**

MECHANIC  
SIGNATURE:



DATE: 05/26/21

SITE AND BLDG #: MD002 B-5

LOCATION/RM #: WO# 14061 ASSET # 1857

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 |                                                                         |
| 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                                          | Thoroughly inspect and clean interior and exterior of machine with wet/ dry vacuum, (remove panels).                                                                                                                    |               |    |                                                                         |
| 2                                          | Clean drain pan and note excessive corrosion. Place tablet in condensate pan                                                                                                                                            |               |    |                                                                         |
| 3                                          | Check for refrigeration leaks on all lines, valves, fittings, coils, etc., using a halogen leak detector or similar testing device. If leaks are not able to be stopped or corrected, report leak status to supervisor. |               |    |                                                                         |
| 4                                          | Check condition of cooling and reheat coils. Use fin comb if need to straighten fins.                                                                                                                                   |               |    |                                                                         |
| 5                                          | Clean coils as needed. Use detergent solution and warm water if coil is heavily soiled.                                                                                                                                 |               |    |                                                                         |
| 7                                          | Clean and lubricate motor and squirrel cage fan(s). Check alignment of motor and fan. Check bearings for excessive wear.                                                                                                |               |    |                                                                         |
| 8                                          | Check belt tension and condition. Adjust or replace as required.                                                                                                                                                        |               |    |                                                                         |
| 9                                          | Replace pre-filters Quarterly, Final Filters Annually                                                                                                                                                                   |               |    |                                                                         |
| 11                                         | If applicable confirm the following: i. Humidistat activates humidifier. ii. Reheat coils activate properly. iii. Discharge air temp is set properly.                                                                   |               |    |                                                                         |
| 12                                         | Check and adjust vibration eliminator mountings if equipped.                                                                                                                                                            |               |    |                                                                         |
| 13                                         | If applicable, clean and test condensate pump and alarm.                                                                                                                                                                |               |    |                                                                         |

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: HVAC Technician

**Additional Notes:**