

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD019 Date of Visit: 05/20/21

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. summer winter change over.
4. _____
5. _____

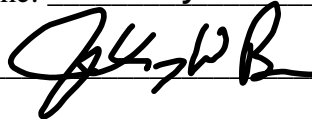
85

74

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 05/20/21

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: 05/20/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **SUMP PUMP**

SITE AND BLDG #: MD019 B-1

MECHANIC
SIGNATURE


DATE: 05/20/21

LOCATION/RM #: WO# 14118 ASSET # 190918-191 START TIME: 0900 FINISH TIME: 1630

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.	/	/	
2	Excessive sediment and debris, not removed by flushing the pit should be handled on a project basis, and not considered under this standard.	/	/	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
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.	/	/	

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
TIME CLOCK, LIGHTING

SITE AND BLDG #: MD019 B-1

MECHANIC SIGNATURE:  **DATE:** 05/20/21

LOCATION/RM #: **WO#** 14118 **ASSET #** 190918-192 **START TIME:** 0900 **FINISH TIME:** 1630

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.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
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.			

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To be performed by: General Maintenance Worker

Additional Notes: