

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 12-14-18 / 12-21-18

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. 1315 FQT, 1316 FQT, 1317 FQT, 1318 FQT, 1319 FQT, 1398 MO, 1432 QT, 1433 QT, 1521 SA
2. 1522 SA, 1523 SA, 1524 SA, 1525 SA, 1526 SA, 1527 SA, 1434 QT, 1528 SA
3. 1529 SA, 1530 SA 1531 SA
4. Air Handler, Make up Air Unit, Motor Vehicle Area Light, Sump Pump, Grease Trap
5. Radiator, Unit Heater, Motor Vehicle Area Light, Double Gate, Single Gate, Exhaust System, Unit Heater

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12-21-18

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: Douglas Rusho Date: 12/21/18

Signed: _____

E-Mail: douglas.rusho.civ@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **VEHICLE EXHAUST REMOVAL**

SITE AND BLDG #: NY067 - Bldg 2MECHANIC
SIGNATURE: DATE: 12-7-18LOCATION/RM #: Bldg 2 WO# 1434 ASSET # 10641START TIME: 8:30 amFINISH TIME: 9:00 am

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Start and stop fan with local switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>No noise or vibration, greased Bearings</i>
3	Inspect, adjust belts and pulleys. Replace belt as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>tightened Belt</i>
4	Clean dampers; lubricate pivot points (annually) and inspect linkages for tightness.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Inspect fan for bent blades, unbalance, excessive noise and vibration.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Everything Looks good</i>
6	Clean fan as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Blew Fan off with compressed air</i>
7	Visually inspect exhaust system tubing and/or duct work for any damage that could result in leaks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>No cracks Breaks or damage</i>
8	Repair as needed	<input checked="" type="checkbox"/>	<input 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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: