

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: _____

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. _____
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

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: _____ Date: _____

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

DOOR KEYPAD / CARD READER

 SITE AND BLDG #: VA701-01 3Y016,3Y017

 MECHANIC SIGNATURE:  DATE: 07-21-21

 LOCATION/RM #: WO# 14481 ASSET #

 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 | If applicable, test the controls for communications to the monitoring center. Inspect key pad for sticking keys and LED lights proper operation . | ✓ | | |
| 2 | Check power supplies.Clean keys and pad with a quick dry electrical cleaner .Wipe unit down | ✓ | | |
| 3 | Inspect and test the operation of device.-Observe unit in use by customer | ✓ | | |
| 4 | Ensure proper protection of all visible wiring and conduits | ✓ | | |
| 5 | Verify that no compromise to devices has occurred (compromise of devices could be from building alterations, partitions, furniture or other obstacles) Any deficiencies found open a CM work order in Maximo and quote will be provided for CM repairs .Notate in note Column | ✓ | | |

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

3Y398,3Y399,3Y400 VAV BOX

3Y401,3Y402,3Y403

3Y404,3Y405,3Y406

MECHANIC
SIGNATURE:

DATE: 07-22-21

SITE AND BLDG #: VA701-01

3Y407,3Y408

LOCATION/RM #:

WO# 14481 ASSET #

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 | If EMS system permits, check that the operating controls activate damper per design specifications.- | ✓ | | Record CFM AIR FLOW _____ |
| 2 | If required, check damper linkage for tightness and lightly lubricate. | ✓ | | |
| 3 | If required, inspect dampers for free movement. | ✓ | | checked bas and cfm's changing as required by specs |
| 4 | If required, inspect actuators for tightness to mounting brackets. | ✓ | | |
| 5 | As needed, tighten electrical connections to servo motor. | ✓ | | |
| 6 | Inspect unit for overall condition and recommend for replacement or other needed repairs. | ✓ | | |

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To be performed by: HVAC Technician

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

3Y386,3Y387,3Y388 VAV BOX

3Y389,3Y390,3Y391

MECHANIC
SIGNATURE:

DATE: 07-22-21

SITE AND BLDG #: VA701-01

3Y392,3Y393,3Y394

3Y395,3Y396,3Y397

LOCATION/RM #:

WO# 14481 ASSET #

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 | If EMS system permits, check that the operating controls activate damper per design specifications.- | ✓ | | Record CFM AIR FLOW _____ |
| 2 | If required, check damper linkage for tightness and lightly lubricate. | ✓ | | |
| 3 | If required, inspect dampers for free movement. | ✓ | | checked bas and cfm's changing as required by specs |
| 4 | If required, inspect actuators for tightness to mounting brackets. | ✓ | | |
| 5 | As needed, tighten electrical connections to servo motor. | ✓ | | |
| 6 | Inspect unit for overall condition and recommend for replacement or other needed repairs. | ✓ | | |

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

MANUAL/AUTOMATIC OVERHEAD DOORS

SITE AND BLDG #: **VA701-01** **3y284,3y285**
 LOCATION/RM #: WO# **14481** **3y286**
 ASSET #

MECHANIC SIGNATURE:  DATE: **07-21-21**
 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 | Check with door operating personnel for any known deficiencies. | ✓ | | |
| 2 | Inspect general arrangement of door and mechanism, mountings, standards, wind locks, anchor bolts, counterbalances, weather stripping, door sweeps etc. Clean, tighten, and adjust repair as required. | ✓ | | |
| 3 | If applicable, operate with power from start to stop and at intermediate positions. Observe performance of various components, such as brake, limit switches, door operating speed, motor, gear box, etc. Clean and adjust as needed. | ✓ | | |
| 4 | Check operation of safety edges, stops, electric eye, treadle, or other operating devices. Clean and make required adjustments or repairs. | ✓ | | |
| 5 | Check manual operation. Note brake release, motor disengagement, functioning or hand pulls, chains sprockets, clutch, etc. | ✓ | | |
| 6 | If applicable, examine all wiring, motor, starter, push button, etc., blow out or vacuum if needed. | ✓ | | |
| 7 | If applicable, inspect gear box, change or add oil as required. | ✓ | | |
| 8 | Perform required lubrication. Remove old or excess lubricant. | ✓ | | |
| 9 | Clean unit and mechanism thoroughly. | ✓ | | |
| 10 | Clean up and remove all debris. | ✓ | | |

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To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

GATES

SITE AND BLDG #: VA701-01 3Y144,3Y145
 LOCATION/RM #: WO# 14481 3Y146,3Y147
 ASSET #

MECHANIC SIGNATURE:  DATE: 07-21-21
 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 | Notify affected personnel before performing PM | ✓ | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Inspect all pivot points, hinges, latches, etc. Apply lubricant where needed, wiping off excess. | ✓ | | |
| 2 | Check all locking devices. Lubricate as required. | ✓ | | |
| 3 | Inspect gate support rollers and track, lubricate and clean as required. | ✓ | | |
| 4 | Check bolts, fasteners, and mounting hardware. Tighten as necessary. | ✓ | | |
| 5 | Check for any obstructions that prevent full swing or movement of the gate. | ✓ | | |
| 6 | Check that shrubs and trees are pruned clear of gate. | ✓ | | |
| 7 | Check hold open devices for proper operation. Lubricate as required. | ✓ | | |
| 8 | Check the top guard and ensure that it is properly fastened and the wires are tight. Tighten as required. | ✓ | | |
| 9 | If applicable, inspect hydraulic driveline (hoses, fittings, and gauges) for signs of leakage. | ✓ | | |
| 10 | If applicable, inspect limit switches for proper operation. Adjust as needed. | ✓ | | |
| 11 | If applicable, inspect photoeyes for proper operation and any signs of damage. | ✓ | | |
| 12 | If applicable, have site personnel operate gate with CAC Card insuring proper operation. | ✓ | | |
| 13 | If applicable, clean control cabinent, ensuring free from debris and insects. | ✓ | | |

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
CIRCULATING AND BOOSTER PUMPS

3Y040,3Y041,3Y042

3Y043,3Y044,3Y045

3Y046,3Y047,3Y048

MECHANIC
SIGNATURE:



DATE: 07-21-21

SITE AND BLDG #: VA701-01

LOCATION/RM #:

WO# 14481 ASSET #

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 | It is generally not a good idea to tamper with pumps using mechanical seals if they are otherwise performing properly. Since mechanical seals can cost as much as the pump, it is usually not cost effective to risk damaging the seal by performing an annual internal inspection of the pump.-Report any leaks | ✓ | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Lubricate pump and motor bearings as per manufacturer's specifications. Bearings require lubrication atleast annually.4 shots of grease per PM | ✓ | | |
| 2 | Inspect couplings and check for any pump seal leaks. | ✓ | | |
| 3 | Check motor mounts and vibration pads | ✓ | | |
| 4 | Tighten all pump flanges. | ✓ | | |
| 5 | Visually check pump alignment and coupling -Report unusual vibration | ✓ | | |
| 6 | Inspect electrical connections | ✓ | | |

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To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: VA701-01

MECHANIC
SIGNATURE: 

DATE: 07-22-21

LOCATION/RM #: WO# 14481

START TIME: 0900

FINISH TIME: 1630

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|---|---------------|----|---|
| | | YES | NO | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Check, clean, and/or replace filters as required. | ✓ | | These are all annual filter change. |
| 2 | Initial and Date Filter (if disposable) | ✓ | | |
| 3 | Initial and Date Yellow Maintenance Tag (if applicable) | ✓ | | |
| ASSET # | SIZE | QTY | | NOTES/ ACTIONS |
| 3Y386 | Record Size : 20x24x1-1 | | | 3Y403 14x18x1-1 |
| 3Y387 | 12x12x1-1 | | | 3Y404 20x24x1-1 |
| 3Y390 | 17x20x1-1 | | | 3Y405 14x18x1-1 |
| 3Y391 | 14x18x1-1 | | | 3Y406 14x18x1-1 |
| 3Y392 | 14x18x1-1 | | | 3Y407 12x12x1-1 |
| 3Y393 | 14x18x1-1 | | | |
| 3Y394 | 14x18x1-1 | | | |
| 3Y395 | 14x18x1-1 | | | |
| 3Y396 | 18x18x1-1 | | | |
| 3Y397 | 14x18x1-1 | | | |
| 3Y398 | 14x18x1-1 | | | |
| 3Y399 | 18x18x1-1 | | | |
| 3Y400 | 14x18x1-1 | | | |
| 3Y402 | 14x18x1-1 | | | |
| | NOTE : Any AHU with outside air -Filter gets replaced Quarterly | | | |
| | All other filters get replaced annually But inspected Quarterly | | | |
| | | | | |

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To be performed by: General Maintenance Technician

Additional Notes: