

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD019 Date of Visit: 09/10/21

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. _____	

74

43

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 09/10/21

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: 09/10/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EXPANSION TANKS

SITE AND BLDG #: **MD019 B-2**MECHANIC
SIGNATURE: DATE: **09/10/21**LOCATION/RM #: **WO# 14901** ASSET # **1654**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	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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
VEHICLE EXHAUST REMOVAL

SITE AND BLDG #: **MD019 B-2**LOCATION/RM #: **WO# 14901 ASSET # 1546**MECHANIC
SIGNATURE: DATE: **09/10/21**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	Start and stop fan with local switch	✓		
2	Check motor and fan shaft bearings for noise, vibraton, overheating; lubricate bearings.-Inspect hoses -report issues -open CM ticket	✓		
3	Inspect, adjust belts and pulleys. Replace belt as needed.	✓		
4	Clean dampers; lubricate pivot points (annually) and inspect linkages for tightness.	✓		
5	Inspect fan for bent blades, unbalance, excessive noise and vibration.	✓		
6	Clean fan as needed.	✓		
7	Visually inspect exaust system tubing and/or duct work for any damage that could result in leaks.	✓		
8	Repair 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 discription of the deficiency.

To be perfomed by: General Maintenance Worker

Additional Notes:

1630