

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD002 Date of Visit: 08/25/21

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. _____

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 08/25/21

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 Jason Lamontagne Date: 08/25/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
UNIT HEATER, HOT WATER

SITE AND BLDG #MD002 B-1

MECHANIC
SIGNATURE

DATE: 08/24/21

LOCATION/RM #: WO# 14914 ASSET # 1815-1819

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	Schedule shutdown with operating personnel.	✓		
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.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	✓		
2	Clean the coils	✓		
3	Comb the fins as needed.	✓		
4	Clean all fans and motors.	✓		
5	Check operation of controls and safeties.	✓		
6	Lubricate as required.	✓		
7	Check all motors, belts, pulleys, shafts, etc. for alignment.	✓		

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: