

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD024 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. _____


76

55

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 Daniel Seymore Date: 08/25/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

LIGHTING, OUTSIDE

SITE AND BLDG #: MD024 B-1MECHANIC
SIGNATURE

DATE: 08/23/21LOCATION/RM #: _____ WO# 14943 ASSET # 2161START 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 and coordinate work 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 | Inspect lighting contactor for pitting or arcing - report issues | ✓ | | |
| 2 | Inspect visual condition of wiring. Look for evidence of overheating. | ✓ | | |
| 3 | Check for proper light operation. | ✓ | | |
| 4 | Test operation of automatic switches/ time clock/ photocells if applicable. | ✓ | | |
| 5 | Inspect light pole and mounting devices for deficiencies. | ✓ | | |
| 6 | For any noted deficiency, takes pictures and open corrective maintenance ticket. | ✓ | | |

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

DUCTLESS MINI SPLIT

SITE AND BLDG #: MD024 B-1MECHANIC
SIGNATURE: DATE: 08/23/21LOCATION/RM #: _____ WO# 14943 ASSET 2157-2160 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 | As needed, de-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. Follow lock out/tag out procedures at all times. | ✓ | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Check fan blades for dust buildup and clean if necessary. | ✓ | | these are inop due to a bad outdoor unit, awaiting approval for repair |
| 2 | Check all electrical connections | ✓ | | |
| 3 | Check that the fan runs properly in all speeds as applicable. | ✓ | | |
| 4 | Check dampers and rotating auto diffusers for dirt accumulations, clean as necessary. | ✓ | | |
| 5 | Check filter door for proper gasketing and air leaks. Correct as needed. | ✓ | | |
| 6 | Change or Clean filter as needed. Filters get checked quarterly. | ✓ | | |
| 7 | Ensure condense pump is working properly and that the drain lines are clear. | ✓ | | |
| 8 | Clean up work area. | ✓ | | |

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: