

**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-1

MECHANIC  
SIGNATURE: 

DATE: 09/10/21

LOCATION/RM #: \_\_\_\_\_ WO# 14980 ASSET # 190918-194

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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**CHEMICAL BYPASS/POT FEEDER**

**SITE AND BLDG #:** MD019 B-1

**MECHANIC  
SIGNATURE:**



**DATE:** 09/10/21

**LOCATION/RM #:**                      **WO#** 14980 **ASSET #** 10918-193

**START TIME:** 0900

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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 physical condition of feeder. Clean and/or repair as needed.	✓		
2	Check valves for proper operation. Ensure no leaks are present and 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 performed by: General Maintenance Worker

**Additional Notes:**