

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD003 Date of Visit: 09/01/21

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**

**50**

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 09/01/21

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: Jason Gavin Date: 09/01/21

Signed: 

E-Mail: 

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**OUTDOOR CONDENSING UNIT**

SITE AND BLDG #: **MD003 B-1**LOCATION/RM #: **WO# 14992 ASSET # 190918-173**MECHANIC  
SIGNATURE: DATE: **09/01/21**START TIME: **0900**FINISH TIME: **1630**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---------------|----|---|
|   |   | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |   |               |    |   |
| 1   | Schedule outage of unit with personnel in area the unit serves.   | ✓             |    |   |
| 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. | ✓             |    |   |
| 3   | If disposal of the equipment is required, follow regulations concerning removal of refrigerants and disposal of the unit.                                   | ✓             |    |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |               |    |   |
| 1   | Remove debris from air screen and clean underneath unit.  | ✓             |    |   |
| 2   | Wash coil with coil cleaning solution - Rinse Thoroughly  | ✓             |    |   |
| 3   | Straighten fin tubes with fin comb, as needed.  | ✓             |    |   |
| 4   | Check electrical connections for tightness.   | ✓             |    |   |
| 5   | Check mounting base for tightness.  | ✓             |    |   |
| 6   | Inspect fans for bent blades, unbalance, excessive noise and vibrations.  | ✓             |    |   |
| 7   | Inspect all piping for leaks and tighten loose connections.   | ✓             |    |   |
| 8   | Check wires at condenser electrical fused safety switches for tightness and burned insulation. Repair as necessary.   | ✓             |    |   |
| 9   | Check supply air temperature to ensure unit is operating properly. If possible record room temperature and Humidity   | ✓             |    | Room temp _____ Room Humidity _____ %                                   |
| 10  | Inspect unit for overall condition and recommend for replacement or other needed repairs.   | ✓             |    |   |
| 11  | 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 description of the deficiency.

To be performed by: HVAC Technician

**Additional Notes:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**LIGHTING, OUTSIDE**

SITE AND BLDG #: **MD003 B-1**MECHANIC  
SIGNATURE: 

DATE: 09/01/21

LOCATION/RM #: **WO# 14992** ASSET # **190918-175** START TIME: **0900** FINISH TIME: **1630**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---------------|----|---|
|   |   | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |   |               |    |   |
| 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. | ✓             |    |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |               |    |   |
| 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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DDC CONTROLLER**

SITE AND BLDG #: **MD003 B-1**LOCATION/RM #: **WO# 14992**      ASSET #: **190918-171**MECHANIC  
SIGNATURE:

DATE: **09/01/21**START TIME: **0900**FINISH TIME: **1630**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---------------|----|---|
|   |   | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |   |               |    |   |
| 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. | ✓             |    |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |               |    |   |
| 1   | Obtain username and password for login. If not available, contact appropriate company manager to obtain access.   | ✓             |    |   |
| 2   | Login into system, check for any alarms currently on system. Make necessary repairs to correct alarms back to normal state.                                 | ✓             |    |   |
| 3   | Check physical condition of the device. Shut off power to the unit. Vacuum any remaining dust. Turn power back on to the unit.                              | ✓             |    |   |
| 4   | Check all fuses for evidence of heating or weakening.   | ✓             |    |   |
| 5   | Check system for alarms   | ✓             |    |   |
| 6   | Check all plug connections in the panel to ensure the plugs are fully seated.   | ✓             |    |   |

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: HVAC Technician

**Additional Notes:**