

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 12-14-18 / 12-21-18

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 1315 FQT, 1316 FQT, 1317 FQT, 1318 FQT, 1319 FQT, 1398 MO, 1432 QT, 1433 QT, 1521 SA
2. 1522 SA, 1523 SA, 1524 SA, 1525 SA, 1526 SA, 1527 SA, 1434 QT, 1528 SA
3. 1529 SA, 1530 SA 1531 SA
4. Air Handler, Make up Air Unit, Motor Vehicle Area Light, Sump Pump, Grease Trap
5. Radiator, Unit Heater, Motor Vehicle Area Light, Double Gate, Single Gate, Exhaust System, Unit Heater

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12-21-18

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: Douglas Rusho Date: 12/21/18

Signed: _____

E-Mail: douglas.rusho.civ@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **UNIT HEATER, HOT WATER**

SITE AND BLDG #: NY067 - Bldg 2

LOCATION/RM #: Bldg 2 **WO#** 1529 **ASSET #** 10624
1530 10625

MECHANIC SIGNATURE: [Signature] **DATE:** 12-7-18

START TIME: 9:45 **FINISH TIME:** 12:00

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.	✓		
2	Schedule shutdown with operating personnel.	✓		
3	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 full stroke operation in both directions, if applicable.	✓	~~✓~~	~~No Valve~~ Shut off Valves Work
2	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	✓		No Leaks
3	Clean the coil with vacuum cleaner.	✓		Cleaned with vacume and compressed air
4	Comb the fins as needed.	✓		Fins are in good shape
5	Clean all fans and motors.	✓		
6	Check operation of controls and safeties.	✓		
7	Lubricate as required.		✓	No Lubrication required
8	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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: