

**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, INFRA-RED, RADIANT, GAS**

SITE AND BLDG #: NY067 - Bldg 3

MECHANIC
SIGNATURE: _____

DATE: _____

LOCATION/RM #: Bldg 3 **WO#** 1531 **ASSET #** 10642

START TIME: 12:00

FINISH TIME: 1:45

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	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	For gas/oil heaters: 1. Remove access panels if applicable. 2. Check the fire box liner or refractory for cracks and leaks. 3. Check all gas lines for leaks. Repair as needed.	✓		
2	Clean dirt from heater, vacuuming is preferred.	✓		NO Leaks
3	Check operation of gas valve.	✓		Vacuumed Inside
4	Check for gas leaks.	✓		gas valve operates correctly
5	Check operation of thermostat.	✓		NO gas leaks
6	If applicable, replace primary air intake filter.		✓	NO Filters
7	As needed, clean spark electrode and reset gap, replace if necessary.	✓		
8	Inspect flue pipe and connections.	✓		All good
9	If applicable, inspect and clean outside air blower and blower intake.	✓		
10	Inspect unit for proper operation.	✓		
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	✓		Unit Fires up and shuts Back Down after 15 seconds Of Flame the Blower never comes on

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: HVAC Technician

Additional Notes: