

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

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. \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: 

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**PLUMBING FIXTURES**

SITE AND BLDG #: **VA701-01**MECHANIC  
SIGNATURE: *Richie R. Riddle*DATE: **02-10-22**LOCATION/RM #: **WO# 15922** ASSET #START TIME: **0900**FINISH TIME: **1630**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.			
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	SINKS - Operate faucets, inspect for leaks, replace washers/"O" rings as necessary. Observe drain flow, clean trap if obstructed. Replace filter as needed.			asset # 3Y300,01,02,03 04,05,06,07,0809
2	SHOWER HEADS, MIXING VALVES - Check shower for damaged, missing, or leaking heads; replace as required. Check mixing valves for damaged or missing parts; replace washers as needed.			10,11,12,13,14,15 16,17,18,19,20,21
3	SHOWER STALLS - Check for leaks, cracks, significant wear or vandalism.			21,22,23,24,25,26
4	TOILETS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps, seat supports, and replace.			27,28,29,30,31,32
5	URINALS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps and replace.			33,34,35,36,37,38 39,40,41,42,43,44
6	OTHER MISCELLANEOUS FIXTURES - Clean and inspect for any damage. Check for leaks, missing or damaged parts, caps, etc. Replace as needed.			45,48,49,50,51,52

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**  
**DRINKING FOUNTAIN**

SITE AND BLDG #: VA701-01

3Y346,3Y347

MECHANIC  
SIGNATURE: *Richie R. H. L.*

DATE: 02-09-22

LOCATION/RM #:

WO# 15922

ASSET #

START TIME: 0900

FINISH TIME: 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Clean compressor compartment including coils, fan, compressor and other components.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	If applicable, replace filter as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Clean evaporator drain pan and drain piping as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Check for water leaks in supply and drain lines.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Check electrical wiring for fraying and loose connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Lubricate fan bearing motors, as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Check operation of unit for unusual noise, vibration, short cycling, and water temperature.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Check mouthpiece water pressure; adjust as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Clean unit, removing any dust, dirt, calcium buildup, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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To be performed by: General Maintenance Worker

Additional Notes: