

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE007 Date of Visit: 01/27/22

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. _____ |


72

43

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Johnny W Brown Date: 01/27/22

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: Danielle Barrett Date: 01/27/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DRINKING FOUNTAIN

SITE AND BLDG # DE007 B-4MECHANIC
SIGNATURE: DATE: 02/25/22LOCATION/RM #: WO# 15928 ASSET # OY4-212 & 229START TIME: 0900FINISH 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 | Clean compressor compartment including coils, fan, compressor and other components. | ✓ | | |
| 2 | If applicable, replace filter as required. | ✓ | | |
| 3 | Clean evaporator drain pan and drain piping as needed. | ✓ | | |
| 4 | Check for water leaks in supply and drain lines. | ✓ | | |
| 5 | Check electrical wiring for fraying and loose connections. | ✓ | | |
| 6 | Lubricate fan bearing motors, as needed. | ✓ | | |
| 7 | Check operation of unit for unusual noise, vibration, short cycling, and water temperature. | ✓ | | |
| 8 | Check mouthpiece water pressure; adjust as required. | ✓ | | |
| 9 | Clean unit, removing any dust, dirt, calcium buildup, etc. | ✓ | | |

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: