

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY035 Date of Visit: 12-6-18 / 12-18-18

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. 1380 FQT, 1381 FQT, 1457 QT, 1458 QT, 1642 SA, 1643 SA, 1644 SA, 1382 FQT
2. 1459 QT, 1645 SA, 1646 SA
3. Make up Air Unit, Sump Pump, Kitchen Grease Trap, Unit Heater, Kitchen Hood,
4. Single Gate, Gas Furnace, Exhaust System, Electrical Unit Wall Heater
5. _____

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 Bushby Date: 12/21/18

Signed: _____

E-Mail: douglas.bushby@trngmail.mil

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

SITE AND BLDG #: NY 035 Bldg 2

**MECHANIC
SIGNATURE:** _____

DATE: 12-18-15

LOCATION/RM #: Assembly Hall **WO#** 1642 **ASSET #** 9800

START TIME: 11 AM

FINISH TIME: 12 PM

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 valves Valves operated Full Stroke
2	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	✓		No leaks and valves are in good shape
3	Clean the coil with vacuum cleaner.	✓		
4	Comb the fins as needed.	✓		Fins are straight
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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: