

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 12-4-18 / 12-6-18 / 12-17-18

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. 1383 FQT, 1384 FQT, 1419 MO, 1420 MO, 1647 SA, 1648 SA, 1649 SA, 1650 SA
2. 1651 SA, 1652 SA, 1460 QT, 1653 SA, 1654 SA
3. Air Handler, Fan Coil, DOuble Light, Single Gate, Unit Heater, Floor Mounted
4. Fan Coil, Unit Heater, Double Light, Exhaust System, Unit 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: Doug Rushlo Date: 12/21/18

Signed: _____

E-Mail: douglas.rushlo.cfo@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **UNIT HEATER, INFRA-RED, RADIANT, GAS**

SITE AND BLDG #: NY039 - Bldg 1
Rm 226
LOCATION/RM #: Old Range **WO#** 1647 **ASSET #** 9893

MECHANIC**SIGNATURE:** [Signature]**DATE:** 12-3-18**START TIME:** 12:00 PM**FINISH TIME:** 1:30 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 | 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. | ✓ | | |
| 3 | Check operation of gas valve. | ✓ | | |
| 4 | Check for gas leaks. | ✓ | | NO leaks Detected |
| 5 | Check operation of thermostat. | ✓ | | |
| 6 | If applicable, replace primary air intake filter. | | ✓ | NO Filters on unit |
| 7 | As needed, clean spark electrode and reset gap, replace if necessary. | ✓ | | the spark Electrodes were clean and no gap adjustment needed |
| 8 | Inspect flue pipe and connections. | ✓ | | |
| 9 | If applicable, inspect and clean outside air blower and blower intake. | | ✓ | NO outside air Blower |
| 10 | Inspect unit for proper operation. | ✓ | | |
| 11 | Inspect unit for overall condition and recommend for replacement or other needed repairs. | ✓ | | |

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: They would like to have these units removed, Doug Rushlo is going to put in a W.O.