

**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, HOT WATER**

SITE AND BLDG #: Bldg 1 - NY039
LOCATION/RM #: Assembly Hall
Locking Dept **WO#** 1648 **ASSET #** 9894

MECHANIC SIGNATURE: [Signature] **DATE:** 12-17-18
START TIME: 8 AM **FINISH TIME:** 11:30 AM

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.	✓		
2	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	✓		No Leaks
3	Clean the coil with vacuum cleaner.	✓		Cleaned with Vacuum then Blew off with Duster
4	Comb the fins as needed.	✓		
5	Clean all fans and motors.	✓		Wipe Down with Rag
6	Check operation of controls and safeties.	✓		
7	Lubricate as required.		✓	No Lubrication Required
8	Check all motors, belts, pulleys, shafts, etc. for alignment.	✓		All were in 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: Unit Heater #7 Needs a thermostat and a motor,