

**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 3

**MECHANIC  
SIGNATURE:** 

**DATE:** 12-4-18

**LOCATION/RM #:** Bldg 3 **WO#** 1654 **ASSET #** 9944

**START TIME:** 1:00 PM

**FINISH TIME:** 2:30 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.	✓		NO CRACKS OR LEAKS
2	Clean dirt from heater, vaccuming is preferred.	✓		
3	Check operation of gas valve.	✓		
4	Check for gas leaks.	✓		gas valve is operating correctly
5	Check operation of thermostat.	✓		NO gas leaks
6	If applicable, replace primary air intake filter.		✓	NO Filters
7	As needed, clean spark electrode and reset gap, replace if necessary.	✓		
8	Inspect flue pipe and connections.	✓		they are in good shape
9	If applicable, inspect and clean outside air blower and blower intake.	✓		
10	Inspect unit for proper operation.	✓		Unit is not operating correctly
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	✓		Units are in good shape Repairs are needed

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: HVAC Technician

**Additional Notes:** all units Run for 25-35 seconds then shut off and the Blower Fan never comes ON