

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 1-15-19

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. 1797AN, 1798AN, 1799AN, 1800AN, 1947SA, 1948SA, 1949SA, 1950SA, 1951SA, 1952SA
2. Various Kitchen Equipment, Overhead Doors, Dehumidifier
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1-15-19

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: Hutchins, Candi M. Date: 20190115

Signed: Candi M. Hutchins

E-Mail: candi.m.hutchins.civ@mail.mil

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DEHUMIDIFIER**

**SITE AND BLDG #:** N4 013 - Bldg 2

**MECHANIC**

**SIGNATURE:** 

**DATE:** 1-15-19

**LOCATION/RM #:** Bldg 2 **WO#** 1951 **ASSET #** 9251

**START TIME:** 9:30

**FINISH TIME:** 9:45

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.		<input checked="" type="checkbox"/>	
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.		<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check water inlet and outlet for any leaks, repair as needed.		<input checked="" type="checkbox"/>	
2	Clean and/or replace filter as needed.		<input checked="" type="checkbox"/>	
3	If applicable, check hours per usage, replace tanks's as needed.		<input checked="" type="checkbox"/>	

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:** Did not find a dehumidifier in Bldg 2