

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Contractor Personnel on Site:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Work Performed:**

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

-----  
**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed:  \_\_\_\_\_

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DOMESTIC HOT WATER HEATER - ELECTRIC**

MECHANIC  
SIGNATURE: 

DATE: 8/15/19

SITE AND BLDG #: NY013 BLDG2

LOCATION/RM #: rm103 WO# 4908 ASSET # 9261

START TIME: 10:30am

FINISH TIME: 11am

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.	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	drained water for several minutes
2	Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	the safety valve functions properly
3	Check all connections - electric and water. Tighten as necessary. Ensure power is disconnected to electric heaters prior to checking connections.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all connections are tight
4	Check operation/ setting of aquastat. Check hot water temperature with dial thermometer, set aquastat at minimum value required for all uses.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	aquastat is correct
5	Check amperage draw of upper and lower elements and compare to name plate data.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	only lower element
6	Clean element contacts, and check for proper closing under load.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	elements function properly
7	Clean pump, controls, switches, and starters. Check condition of pump seal or packing, and replace as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no pump present
8	If applicable, Remove and inspect Anode, replace if necessary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no anodes present
9	Clean up work area and remove trash.	<input checked="" type="checkbox"/>	<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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**