

PREVENTIVE MAINTENANCE CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID Building: *Rockville MD021* Date of Visit: *11/7/18*

Contractor Personnel on Site:

Patrick Donovan 1.
2.
3.
4.
5.
6.

Work Performed:

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

- ✓ LIST ~~WON~~ 6356, 6389, 6357 + 6390
- ✓ Ice makers, Refrigerators, Water Heaters, Air Handlers,
- ✓ Condensing units, dehumidifier, furnace.

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: *Patrick Donovan* Date: *11/7/18*
Signed: *Patrick Donovan*

To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name Rank: *Baricamosa, Maria SGT* Date: *20181107*
Signed: *Maria Baricamosa*
E-Mail: *maria.e.baricamosa.mil@mail.mil*

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: *Rockville MD 2081*

**MECHANIC
SIGNATURE:** *John Lutz*

DATE: *11/01/18*

LOCATION/RM #: *Kitchen* **WO#** *6356* **ASSET #** *1554* **#** *02*

START TIME: *10:05* **FINISH TIME:** *10:30*

| ITEM | DESCRIPTION | NOTES |
|------|--|---|
| 1 | Review manufacturer's instructions. | |
| 2 | De-energize, lock out, and tag electrical circuits. | |
| 3 | If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance. | |
| 4 | If materials containing refrigerants are discarded, comply with EPA regulations as applicable. | |
| 5 | Closely follow all safety procedures described in the Safety Data Sheet (SDS) for the refrigerant and to all labels on refrigerant containers. | <i>Subsed & Paled Asset Labels tags</i> |
| 1 | Check with operating or area personnel for any deficiencies; verify cleaning program. | ✓ <i>all good</i> |
| 2 | Verify indicator light on; check compartment temperature. | ✓ <i>36°</i> |
| 3 | Examine evaporator for proper clearances/slope and air flow. | ✓ <i>all clear</i> |
| 4 | Examine handles, hinges and tightness of door closure. | ✓ <i>all good</i> |
| 5 | Examine safety door release and fan shut down safety switch. | ✓ <i>good</i> |
| 6 | Inspect lighting for burnt out lamps. | ✓ <i>good</i> |
| 7 | Check starter panels and controls for proper operation, burned or loose contacts, and loose connections. | ✓ <i>no loose connections</i> |
| 8 | Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s). | |
| 9 | Clean condenser coil and condensing unit section. | ✓ <i>good</i> |
| 10 | Clean and inspect defrost evaporation trays/pans. | ✓ <i>good</i> |
| 11 | Inspect defrost systems for proper operation, including timer; adjust as required. If have automatic defrosters adjusted as required so freezer will defrost during "Off Peak" hours | ✓ <i>good</i> |
| 12 | Check operation of thermostats; calibrated as required. | ✓ <i>good</i> |
| 13 | Check coil superheat and adjust to manufacturers recommendations. | ✓ <i>good</i> |
| 14 | Inspect and service all electric motors. | |

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any

Additional Notes:

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PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: Rockville MD 2081

MECHANIC SIGNATURE: Mark Davis

DATE: 11/6/18

LOCATION/RM #: Boiler Room **WO #** 6356 **ASSET #** 1555

START TIME: 9:30

FINISH TIME: 9:50

| | | 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"/> | <i>Sign and dated Maintenance Record</i> |
| 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"/> | <i>Tag</i> |
| 3 | Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak. | <input checked="" type="checkbox"/> | |
| 4 | Do not allow any open flames around equipment. | <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"/> | <i>done</i> |
| 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"/> | |
| 3 | Check all connections - electric, gas and water. Tighten as necessary. | <input checked="" type="checkbox"/> | <i>Done</i> |
| 4 | Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses. | <input checked="" type="checkbox"/> | <i>Aquastat good</i> |
| 5 | Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank. | <input checked="" type="checkbox"/> | |
| 6 | Clean sight glasses on tanks. | <input checked="" type="checkbox"/> | <i>No sight glass on tank</i> |
| 7 | Clean strainer, check condition of traps. Report and repair leaks. | <input checked="" type="checkbox"/> | <i>No leaks visible</i> |
| 8 | Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required. | <input checked="" type="checkbox"/> | <i>Done</i> |
| 9 | If applicable, Remove and inspect Anode, replace if necessary | <input checked="" type="checkbox"/> | |
| 10 | Clean up work area and remove trash. | <input checked="" type="checkbox"/> | <i>Done</i> |

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To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

ICE MAKER

SITE AND BLDG #: Pockville MT 2021

MECHANIC SIGNATURE: John P. Rea **DATE:** 11/6/18

LOCATION/IRM #: Kitchen **WO#** 6356 **ASSET #** 1553

START TIME: 10:35 **FINISH TIME:** 10:55

| ITEM | DESCRIPTION | NOTES |
|------|---|--|
| 1 | Review manufacturer's instructions. | |
| 2 | De-energize, lock out, and tag electrical circuits. | |
| 3 | If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance. | |
| 4 | If materials containing refrigerants are discarded, comply with EPA regulations as applicable. | |
| 5 | Only approved cleaning chemicals shall be used. | |
| | | |
| 1 | Check with operating or area personnel for any deficiencies; verify cleaning program. | <input checked="" type="checkbox"/> Good |
| 2 | Visually check for refrigerant, oil and water leaks. | <input checked="" type="checkbox"/> No leaks visible |
| 3 | Inspect ice condition/size. | <input checked="" type="checkbox"/> Good |
| 4 | As needed, drain and clean unit with proper ice machine cleaning solution. | <input checked="" type="checkbox"/> 1/4 <i>Not needed at this time done on 8/17/18</i> |
| 5 | Check date on water filter. Replace as needed. Water filters should be changed annually at a minimum. | <input checked="" type="checkbox"/> 2/9/18 |
| 6 | Check and tighten any loose screw-type electrical connections. | <input checked="" type="checkbox"/> <i>All Tights</i> |
| 7 | Check all controls; adjust if necessary. | <input checked="" type="checkbox"/> Good |
| 8 | Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment. | <input checked="" type="checkbox"/> <i>Good, Done</i> |
| 9 | Check and clear ice machine draining system (drain vent, strainer, trap). | <input checked="" type="checkbox"/> <i>Clear</i> |
| 10 | Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition. | <input checked="" type="checkbox"/> <i>Good</i> |
| 11 | Clean motor, compressor, and condenser coil. | <input checked="" type="checkbox"/> <i>Done</i> |

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To be performed by: General Maintenance Worker

Additional Notes: