

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

FAC ID Building: Rockville MDO21 Date of Visit: 11/7/18

Contractor Personnel on Site:

1. Patrick Donovan

4.

5.

5.

6.

6.

Work Performed:

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

5. LIST WORK 6356, 6389, 6357 + 6390

6. Ice maker, Refrigerators, Water Heaters, Air Handlers,
7. Condensing units, dehumidifier, Furnace.

8.

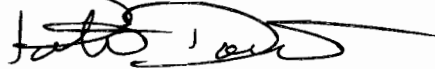
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan

Date: 11/7/18

Signed



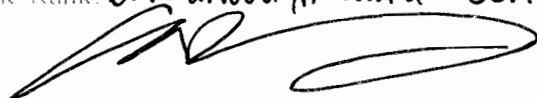
To be signed by Facility Manager or Government Official

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: Baricanosa, Maria SGT

Date: 20181107

Signed



E-Mail

maria.e.baricanosa.mil@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **REACH-IN REFRIGERATORS/ FREEZERS**

SITE AND BLDG #: Rockville MD 2081 MECHANIC SIGNATURE: [Signature] DATE: 11/6/18

LOCATION/RM #: Kitchen WO# 6356 ASSET # 1554 START TIME: 10:05 FINISH TIME: 10:30

| ITEM # | DESCRIPTION | TASK COMPLETE | | NOTES/ACTIONS | |
|--------|---|---------------|----|---------------|---------------------------------|
| | | Y/N | NO | Y/N | Y/N |
| 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. | ✓ | | | Signed & Dated Asset Label Tags |
| 1 | Check with operating or area personnel for any deficiencies; verify cleaning program. | ✓ | | | all good #01 36° #2 35° |
| 2 | Verify indicator light on; check compartment temperature. | ✓ | | | all clear |
| 3 | Examine evaporator for proper clearances/slope and air flow. | ✓ | | | all good |
| 4 | Examine handles, hinges and tightness of door closure. | ✓ | | | Good |
| 5 | Examine safety door release and fan shut down safety switch. | ✓ | | | Good |
| 6 | Inspect lighting for burnt out lamps. | ✓ | | | Good |
| 7 | Check starter panels and controls for proper operation, burned or loose contacts, and loose connections. | ✓ | | | no loose connections |
| 8 | Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required. Lubricate motor(s). | ✓ | | | Good |
| 9 | Clean condenser coil and condensing unit section. | ✓ | | | Good |
| 10 | Clean and inspect defrost evaporation trays/pans. | ✓ | | | Good |
| 11 | Inspect defrost systems for proper operation, including timer; adjust as required. Have automatic defrosters adjusted as required so freezer will defrost during "Off Peak" hours | ✓ | | | Good |
| 12 | Check operation of thermostats; calibrated as required. | ✓ | | | Good |
| 13 | Check coil superheat and adjust to manufacturers recommendations. | ✓ | | | Good |
| 14 | Inspect and service all electric motors. | ✓ | | | Good |

| ITEM # | DESCRIPTION | COMPLETION | | NOTES |
|--------|--|-------------------------------------|----|----------|
| | | YES | NO | |
| 15 | Inspect door gaskets for damage and proper fit; adjust gaskets as required and lubricate hinges with food grade oil. | <input checked="" type="checkbox"/> | | Good |
| 16 | Check door gasket heater. | <input checked="" type="checkbox"/> | | Good |
| 17 | Check box floor for water or ice accumulation. | <input checked="" type="checkbox"/> | | No water |
| 18 | Check box for excessive ice build-up and open seams. | <input checked="" type="checkbox"/> | | All good |

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: Rockville MD 2081

MECHANIC SIGNATURE: [Signature] DATE: 11/6/18

LOCATION/RM #: Boyle 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"/> | | <u>Signed & dated Maintenance Record</u> |
| 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"/> | | <u>Tag</u> |
| 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"/> | | <u>done</u> |
| 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"/> | | <u>Good all right</u> |
| 3 | Check all connections - electric, gas and water. Tighten as necessary. | <input checked="" type="checkbox"/> | | <u>Adjustment good</u> |
| 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"/> | | |
| 5 | Drain storage and expansion tanks, and flush to remove sediment, scale, and silt at bottom of tank. | | | |
| 6 | Clean sight glasses on tanks. | | <u>NA</u> | <u>No sight glass on tank</u> |
| 7 | Clean strainer, check condition of traps. Report and repair leaks. | <input checked="" type="checkbox"/> | | <u>No leaks visible</u> |
| 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"/> | | <u>Done</u> |
| 9 | If applicable, Remove and inspect Anode, replace if necessary | <input checked="" type="checkbox"/> | <u>NA</u> | |
| 10 | Clean up work area and remove trash. | <input checked="" type="checkbox"/> | | <u>Done</u> |

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST ICE MAKER

SITE AND BLDG #: Rockville MD 20821 MECHANIC SIGNATURE: [Signature] DATE: 11/6/18

LOCATION/RM #: 14th floor WO# 6356 ASSET # 1553 START TIME: 10:35 FINISH TIME: 10:55

| CHECK NO. | DESCRIPTION | TICK COMPLETION | | NOTES |
|--|---|-----------------|------|---|
| | | DATE | TIME | |
| 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. | ✓ | | Squid + date Hart: Record tag |
| 4 | If materials containing refrigerants are discarded, comply with EPA regulations as applicable. | ✓ | | |
| 5 | Only approved cleaning chemicals shall be used. | | | |
| TO BE COMPLETED BY THE MAINTENANCE SERVICE | | | | |
| 1 | Check with operating or area personnel for any deficiencies; verify cleaning program. | ✓ | | Good |
| 2 | Visually check for refrigerant, oil and water leaks. | ✓ | | No leaks visible |
| 3 | Inspect ice condition/size. | ✓ | | Good |
| 4 | As needed, drain and clean unit with proper ice machine cleaning solution. | ✓ | | Not needed at this time done on 8/17/18 |
| 5 | Check date on water filter. Replace as needed. Water filters should be changed annually at a minimum. | ✓ | | 2/9/18 |
| 6 | Check and tighten any loose screw-type electrical connections. | ✓ | | All tight |
| 7 | Check all controls; adjust if necessary. | ✓ | | Good |
| 8 | Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment. | ✓ | | Good Done |
| 9 | Check and clear ice machine draining system (drain vent, strainer, trap). | ✓ | | Good Done |
| 10 | Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition. | ✓ | | Good |
| 11 | Clean motor, compressor, and condenser coil. | ✓ | | Done |

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: