

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: PA209 Date of Visit: 13 DEC 18

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>John Daley</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:


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

1. 6504 MO, 6519 QT, 6569 QT, 6643 SA, 6507 MO, 6808 QT, 6665 SA
2. Flood Light, Single Gate, Exp Tank, Hot Water Pump, Grease Trap, Fan Coil
3. Unit Heater, Single Gate Auto, Overhead Vehicle Exhaust, Unit Heater
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN DALEY Date: 13 DEC 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: BARBARA CALLA . J. Date: 13 DEC 18

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST EXPANSION TANKS

SITE AND BLDG #: PA 209-01

MECHANIC
SIGNATURE: [Signature]

DATE: 21 Dec 18

LOCATION/ROOM #: MECH ROOM WORK ORDER #: 6319 ASSET #: 4856

START TIME: 0800

FINISH TIME: 0945

LOCATION/IRM #: <i>Room 201</i> WORK ORDER # <i>201-10</i>				
CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (If task complete, check YES/NO column. Explain any NO.)
		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"/>	<input 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 type="checkbox"/>	
TANK INSPECTION PROCEDURE				
1	Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Test air pressure in tank. Ensure air pressure is at correct PSI. Correct as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Deficient during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found				

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 #, Work #, photos, and a detailed description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: