

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD005 Date of Visit: 12/21/18

Contractor Personnel on Site:

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

**Work Performed:**

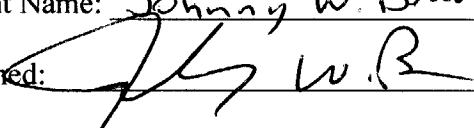
**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 6761 MO, 6777 QT, 6798 SA, 6778 QT
2. Auto Gate, Grease Trap, Hot Water Pump, Expansion Tank, Fin Tube Radiator
3. Fan Coil, Overhead Vehicle, Exhaust System, Underfloor Vehicle Exhaust System
4. \_\_\_\_\_
5. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

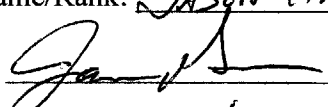
Print Name: Johnny W. Brown Date: 12/21/18

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: Jason Gavin AFOS Date: 12/21/18

Signed: 

E-Mail: jason.d.gavin.ctr@mail.mil

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **VEHICLE EXHAUST REMOVAL**

**SITE AND BLDG #:** MD 005 B-2

**MECHANIC SIGNATURE:** [Signature] **DATE:** 12/21/18

**LOCATION/RM #:** OMS 6 **WO#** 6778 **ASSET #** 1525-1527

**START TIME:** 0900 **FINISH TIME:** 1630

| CHECK<br>POINT                             | CHECKPOINT DESCRIPTION  | TASK COMPLETE        |    | NOTES/ ACTIONS<br><br>(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. | /                    |    |   |
| 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.                   | /                    |    |   |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |   |                      |    |   |
| 1  | Start and stop fan with local switch  | /                    |    |   |
| 2  | Check motor and fan shaft bearings for noise, vibraton, overheating; lubrucate bearings.  | /                    |    |   |
| 3  | Inspect, adjust belts and pulleys. Replace belt as needed.  | /                    |    |   |
| 4  | Clean dampers; lubricate pivot points (annually) and inspect linkages for tightness.  | /                    |    |   |
| 5  | Inspect fan for bent blades, unbalance, excessive noise and vibration.  | /                    |    |   |
| 6  | Clean fan as needed.  | /                    |    |   |
| 7  | Visually inspect exhaust system tubing and/or duct work for any damage that could result in leaks.  | /                    |    |   |
| 8  | Repair as needed  | /                    |    |   |

**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:**