

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD024 Date of Visit: 12/6/18

Contractor Personnel on Site:

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

Work Performed:

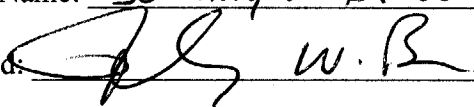
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 6764 MO, 6809 SA, 6810 SA, 6811 SA, 6812 SA
2. Auto Gate, Unit Heater, Suspended, Unit Heater, Suspended, Unit Heater
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W. Brown Date: 12/6/18

Signed:  W. B.

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: Richard Gayten LC-10 Date: 20181206

Signed: 

E-Mail: richard.gayten.civ@mil.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **UNIT HEATER, ELECTRIC**

SITE AND BLDG #: MD 024 B-4MECHANIC
SIGNATURE: *J. H. B.*DATE: 12/16/18LOCATION/RM #: ~~201~~ B-4 WO# 6811 ASSET # 2168 + 2169START TIME: 0900FINISH TIME: 1630

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"/>		
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"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check heater coils and assoicated piping for leaks or corrosion.	<input checked="" type="checkbox"/>		
2	Clean heating coil. Brush vacuum where accessible.	<input checked="" type="checkbox"/>		
3	Inspect wiring and electrical controls for loose connections, charred, frayed or broken insulation, evidence of short circuiting, wrong size fuses, circuit breakers, or switches, and other electrical deficiencies. Tighten any loose connections.	<input checked="" type="checkbox"/>		
4	Inspect fan for bent blades, unbalance, excessive noise and vibration.	<input checked="" type="checkbox"/>		
5	Check motor and fan shaft bearings for noise, vibraton, overheating; lubrucate bearings.	<input checked="" type="checkbox"/>		
6	Verify proper control by modulating the thermostat through complete cycle.	<input checked="" type="checkbox"/>		
7	Inspect unit for proper operation.	<input checked="" type="checkbox"/>		
8	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<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: HVAC Technician

Additional Notes: