

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: _____

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. _____
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

Signed: Johnny W. Brown

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: _____ Date: _____













Signed: [Signature]

E-Mail: [Signature]

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

SUMP PUMP

SITE AND BLDG #: **MD002-04**MECHANIC
SIGNATURE: DATE: **1/4/19**LOCATION/RM #: **RM 108** WO# **7228** ASSET # **1510**START TIME: **0900**FINISH 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. |  | | |
| 2 | Schedule outage with operating personnel. |  | | |
| 3 | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. |  | | |
| 4 | If the material removed from the pump is hazardous, contact the Regional S&EM office for disposal instructions. |  | | |
| 5 | If strainer cleaning requires removal of pump unit which should be considered a repair and not general maintenance. |  | | |
| 6 | Excessive sediment and debris, not removed by flushing the pit should be handled on a project basis, and not considered under this standard. |  | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Remove cover plates and flush pit. |  | | |
| 2 | Inspect check valve. |  | | |
| 3 | Inspect interior of pit for cracks. |  | | |
| 4 | Inspect cover plate gaskets and replace if necessary. |  | | |
| 5 | Insuure the unit is operating properly, report any deficiencies |  | | |
| 6 | Clean up work area and remove all debris. |  | | |

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: