

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: 2-14-19

Contractor Personnel on Site:

- | | |
|-----------------------------|----------|
| 1. _____ | 3. _____ |
| 2. <u>Marcelino Claudio</u> | 4. _____ |

Work Performed:

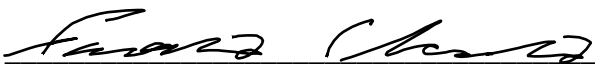
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Marcelino Claudio Date: 2-14-19

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: SHADWENS/CIU Date: 14 FEB

Signed: 

E-Mail: _____

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

SITE AND BLDG #: PA027-1

**MECHANIC
SIGNATURE:** 

DATE: 2-14-19

LOCATION/RM #: WO#7400 **ASSET #** 6896/6904

START TIME: 1230 **FINISH TIME:** 1400

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|---|---------------|----|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 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. | / | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Check with operating or area personnel for any deficiencies; verify cleaning program. | / | | |
| 2 | Verify indicator light on; check compartment temperature. | / | | |
| 3 | Examine evaporator for proper clearances/slope and air flow. | / | | |
| 4 | Examine handles, hinges and tightness of door closure. | / | | |
| 5 | Examine safety door release and fan shut down safety switch. | / | | |
| 6 | Inspect lighting for burnt out lamps. | / | | |
| 7 | Check starter panels and controls for proper operation, burned or loose contacts, and loose connections. | / | | |
| 8 | Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s). | / | | |
| 9 | Clean condenser coil and condensing unit section. | / | | |
| 10 | Clean and inspect defrost evaporation trays/pans. | / | | |
| 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 | / | | |
| 12 | Check operation of thermostats; calibrated as required. | / | | |
| 13 | Check coil superheat and adjust to manufacturers recommendations. | / | | |
| 14 | Inspect and service all electric motors. | / | | |

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|----------------|--|-------------------------------------|--------------------------|---|
| | | 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"/> | <input type="checkbox"/> | |
| 16 | Check door gasket heater. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 17 | Check box floor for water or ice accumulation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 18 | Check box for excessive ice build- up and open seams. | <input checked="" type="checkbox"/> | <input 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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: **PA027-1**

MECHANIC
SIGNATURE: 

DATE: **2-14-19**

LOCATION/RM #: _____ WO# **7400** ASSET # **See below**

START TIME: **1230** FINISH TIME: **1400**

| 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"/> | <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"/> | |
| 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"/> | <input type="checkbox"/> | |
| 4 | Do not allow any open flames around equipment. | <input checked="" type="checkbox"/> | <input 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"/> | <input type="checkbox"/> | |
| 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"/> | <input type="checkbox"/> | |
| 3 | Check all connections - electric, gas and water. Tighten as necessary. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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"/> | <input type="checkbox"/> | |
| 5 | Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Clean sight glasses on tanks. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 | Clean strainer, check condition of traps. Report and repair leaks. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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"/> | <input type="checkbox"/> | |
| 9 | If applicable, Remove and inspect Anode, replace if necessary | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 10 | Clean up work area and remove trash. | <input checked="" type="checkbox"/> | <input 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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: **6945-6948 7022,7023**