

**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:  _____

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 Date: 3/21/19

Signed:  _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **UNIT HEATER, HOT WATER**

MECHANIC
SIGNATURE


DATE: 3/21/19

SITE AND BLDG #: DE007

LOCATION/RM #: WO# 7764 ASSET # 1746-1752
1755/1756

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Schedule shutdown with operating personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check valve for full stroke operation in both directions, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Clean the coil with vacuum cleaner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Comb the fins as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Clean all fans and motors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Check operation of controls and safeties.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Lubricate as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Check all motors, belts, pulleys, shafts, etc. for alignment.	<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

UNIT HEATER, ELECTRIC

 MECHANIC
SIGNATURE:



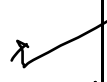

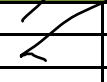
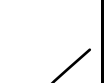
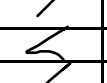
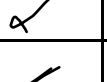
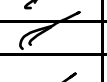

DATE: 3/21/19

START TIME: 0900

FINISH TIME: 1630

SITE AND BLDG #: DE007

LOCATION/RM #: WO# 7764 ASSET # 1754/1757

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	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	Check heater coils and assoicated piping for leaks or corrosion.			
2	Clean heating coil. Brush vaccum where accessible.			
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.			
4	Inspect fan for bent blades, unbalance, excessive noise and vibration.			
5	Check motor and fan shaft bearings for noise, vibraton, overheating; lubrucate bearings.			
6	Verify proper control by modulating the thermostat through complete cycle.			
7	Inspect unit for proper operation.			
8	Inspect unit for overall condition and recommend for replacement or other needed repairs.			

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: