

**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. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

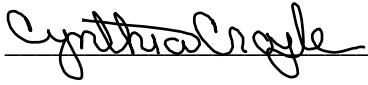
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed:  \_\_\_\_\_

E-Mail: \_\_\_\_\_

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### THERMOSTATS

SITE AND BLDG #: **PA118-B2**MECHANIC  
SIGNATURE: DATE: **4/15/19**LOCATION/RM #:                      WO# **8254**      ASSET # **5406/6224/6225**START TIME: **1:45pm**FINISH TIME: **2:10pm**

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.	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	If EMS (Energy Management System) If it is EMS controlled 1-We log into computer with user name and password for EMS or DDC obtained from site personnel.  2-Validate set point and actual temp at computer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	thermostats are not connected to a computer
2	Review all zone set points at the server IF Applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Inspect thermostat installation; ensure mounting is correct, fastened secure and that the thermostat is not blocked by equipment generating heat or furniture blocking air circulation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	thermostats are all mounted correctly and securely
4	Remove thermostat cover and lightly blow away any accumulated dust with canned low pressure air.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	If applicable, replace battery as needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no batteries needed to be replaced
6	Use our own Temperature meter to validate the computer is correct. If it is not EMS or DDC controlled take our temperature meter and check against actual thermostat and record tempature	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	verified all temperatures are correct

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: HVAC Technician

**Additional Notes:**