

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: _____ Date: _____

Signed: Cynthia Crayle

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
THERMOSTATS

SITE AND BLDG #: **PA063-B2**MECHANIC
SIGNATURE: DATE: **4/24/19**LOCATION/RM #: **WO# 8266 ASSET # 5453/5606/6165** START TIME: **8:45am** FINISH TIME: **9:15am**

| 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. | ✓ | | |
| 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 | 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-Vailidate set point and actual temp at computer | | ✓ | not connected to a computer |
| 2 | Review all zone set points at the server IF Applicable | | ✓ | |
| 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. | ✓ | | thermostats are installed correctly |
| 4 | Remove thermostat cover and lightly blow away any accumulated dust with canned low pressure air. | ✓ | | |
| 5 | If applicable, replace battery as needed. | | ✓ | no batteries 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 | ✓ | | temperature's 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: