

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: \_\_\_\_\_ Date of Visit: 5/7/19

Contractor Personnel on Site:

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

**Work Performed:**

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

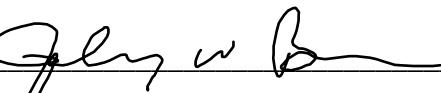
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 5/7/19

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

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

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DOMESTIC HOT WATER HEATER - GAS**

SITE AND BLDG #: **MD002-B4**MECHANIC  
SIGNATURE: DATE: **5/7/19**LOCATION/RM #: **RM 108** WO# **8482** ASSET # **1509**START TIME: **0900** FINISH TIME: **1630**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION   | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|---------------|----|---|
|   |  | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |  |               |    |   |
| 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.                                      | /             |    |   |
| 3   | Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.   | /             |    |   |
| 4   | Do not allow any open flames around equipment.   | /             |    |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |  |               |    |   |
| 1   | Attach drain hose. Drain several gallons from tank to remove sediment.   | /             |    |   |
| 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. | /             |    |   |
| 3   | Check all connections - electric, gas and water. Tighten as necessary.   | /             |    |   |
| 4   | Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses.   | /             |    |   |
| 5   | Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.   | /             |    |   |
| 6   | Clean sight glasses on tanks.  | /             |    |   |
| 7   | Clean strainer, check condition of traps. Report and repair leaks.   | /             |    |   |
| 8   | Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.  | /             |    |   |
| 9   | If applicable, Remove and inspect Anode, replace if necessary  | /             |    |   |
| 10  | Clean up work area and remove trash.   | /             |    |   |

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: General Maintenance Worker

**Additional Notes:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**SUM PUMP Sewage Ejector**

SITE AND BLDG #: **MD002-B4**

MECHANIC  
 SIGNATURE:  DATE: **5/7/19**

LOCATION/RM #: **RM 108** WO# **8482** ASSET # **1510**

START TIME: **0900** FINISH TIME: **1630**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION   | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|---------------|----|---|
|   |  | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |  |               |    |   |
| 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.                      | /             |    | we need to correct this on inventory.                                   |
| 4   | If the material removed from the pump is hazardous, contact the Regional S&EM office for disposal instructions.  | /             |    | not Sump Pump . Sewage Ejector  |
| 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.                                     | /             |    |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |  |               |    |   |
| 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   | Insure 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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**