

**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.)

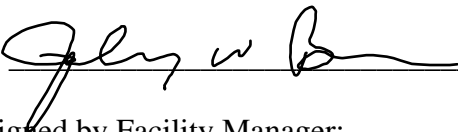
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

-----

**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

### AIR HANDLER

SITE AND BLDG #: **MD002-B4**MECHANIC  
SIGNATURE: DATE: **5/7/19**LOCATION/RM #: **WO# 8511** ASSET # **1851**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   | Remove power at Drive or at Breaker Panel. Verify with tester or meter that power has been removed. Install lock out tag out if servicing alone or in confined space for safety precautions.  | ✓             |    |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |               |    |   |
| 1   | Check fan blades and moving parts for cracks and excessive wear.  | ✓             |    |   |
| 2   | Check running motor amperatures on all three phases (record in note column) notate L1, L2, and L3 amp draws.  | ✓             |    | L1 _____ L2 _____ L3 _____  |
| 3   | Tighten all electrical connectors/lugs to proper torque.  | ✓             |    |   |
| 4   | If unit is a multi-zone air handler, then check each individual zone damper and associated controls.  | ✓             |    |   |
| 5   | Check bearing collar set screws on fan shaft to make sure they are tight.   | ✓             |    |   |
| 6   | Check filters for dirt accumulations, replace as necessary. Check belt, repair or replace as necessary.   | ✓             |    |   |
| 7   | Check damper actuators and linkage for proper operation. Adjust linkage on dampers if out of alignment.   | ✓             |    |   |
| 8   | Lubricate mechanical bearings and connections sparingly.  | ✓             |    |   |
| 9   | Clean coils by brushing, blowing, vacuuming, or pressure washing.   | ✓             |    |   |
| 10  | Check coils for leaking, tightness of fittings.   | ✓             |    |   |
| 11  | Use fin comb to straighten coil fins.   | ✓             |    |   |
| 12  | If applicable, clean strainer (annually).   | ✓             |    |   |
| 13  | Flush and clean condensate pans and drains, remove all rust prepare metal and paint. Hose down coils and drain pans and wash with an appropriate EPA approved solution approved solution. Treat condensate pans with an EPA approved biocide. | ✓             |    |   |

| CHECK POINT | CHECKPOINT DESCRIPTION  | TASK COMPLETE  |   | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|-------------|---|--|---|---|
|             |   | YES  | NO  |   |
| 14          | Check belts for wear and cracks, adjust tension or alignment. Replace belts when necessary. Multi-belt drives shall only be replaced with matched sets.                     |  |  |   |
| 15          | Check rigid couplings for alignment on direct drives, and for tightness of assembly. Check flexible couplings for alignment and wear.                                       |  |  |   |
| 16          | Check and test freestat for proper operation  |  |  |   |
| 17          | Vacuum interior of unit.  |  |  |   |
| 18          | Check filter doors and access doors for proper gasketing and air leaks. Correct as necessary.   |  |  |   |
| 19          | Lubricate fan shaft bearings while unit is running. Add grease slowly until slight bleeding is noted from the seals. Do not over lubricate. Remove old or excess lubricant. |  |  |   |
| 20          | Clean up work area.   |  |  |   |

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:**

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### OUTDOOR CONDENSING UNIT

 MECHANIC  
SIGNATURE:


















DATE: 5/7/19

SITE AND BLDG #: MD002-B4

LOCATION/RM #: WO# 8511 ASSET # 1852

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 |   |
| 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  | Schedule outage of unit with personnel in area the unit serves.  |    |    |   |
| 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.                      |    |    |   |
| 4  | If disposal of the equipment is required, follow regulations concerning removal of refrigerants and disposal of the unit.  |    |    |   |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |  |  |    |   |
| 1  | Remove debris from air screen and clean underneath unit.   |    |    |   |
| 2  | Wash coil with coil cleaning solution - Rinse Thoroughly   |    |    |   |
| 3  | Straighten fin tubes with fin comb, as needed.   |   |    |   |
| 4  | Check electrical connections for tightness.  |  |    |   |
| 5  | Check mounting base for tightness.   |  |    |   |
| 6  | Inspect fans for bent blades, unbalance, excessive noise and vibrations.   |  |    |   |
| 7  | Inspect all piping for leaks and tighten loose connections.  |  |    |   |
| 8  | Check wires at condenser electrical fused safety switches for tightness and burned insulation. Repair as necessary.  |  |    |   |
| 9  | Check supply air temperature to ensure unit is operating properly. If possible record room temperature.  |  |    |   |
| 10   | Inspect unit for overall condition and recommend for replacement or other needed repairs.  |  |    |   |
| 11   | Clean up work area.  |  |    |   |

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:**

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### FURNACE

ACTIVITY AND BLDG #: **MD002-B4**MECHANIC  
SIGNATURE: DATE: **5/7/19**LOCATION/RM #: **WO# 8511** ASSET # **1853**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                       |   |
| SPECIAL INSTRUCTIONS                       |   |                                     |                          |   |
| 1  | Review manufacturer's instructions.   | <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"/> |   |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |   |                                     |                          |   |
| 1  | Remove furnace ends and access panels if applicable.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 2  | Check the fire box liner or refractory for cracks and leaks.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 3  | Check smoke stack for obstructions, leaks, etc.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 4  | Clean bottom of smoke stack (breaching).  | <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 and clean plenum (clean cooling coils and check for leaks, if   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 9  | Replace furnace and access panels ends if removed.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 10   | Check all motors, belts, pulleys, shafts, etc. for alignment.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 11   | Treat all rusted areas with rust inhibitor and touch up paint.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 12   | Remove lock outs and tags. Restore fuel and power supply.   | <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: HVAC Technician

**Additional Notes:**