

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: \_\_\_\_\_ Date of Visit: 6/12/19

Contractor Personnel on Site:

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

**Work Performed:**

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

1. 8861FQ, 8916MO, 8960SA, 8896AN, 8897AN, 8961SA, 8862FQ, 8962SA, 8963SA
  2. FILTERS, GATES, UNIT HEATERS, EXHAUST FANS, PTAC,
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
- 

**CERTIFICATION OF WORK**

To be signed by the Contractor:

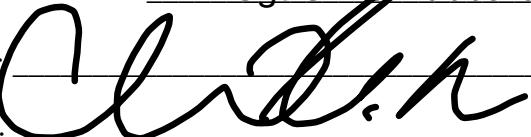
Print Name: Johnny W Brown Date: 6/12/19

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: Sgt Chris Hubbard Date: 6/12/19

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**EXHAUST FANS**

SITE AND BLDG #: **MD024-02**MECHANIC  
SIGNATURE: DATE: **6/12/19**LOCATION/RM #: **WO# 8896**   **ASSET # 1293**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 shutdown with operating personnel, as needed.   | /             | ✓  |   |
| 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.                      | ✓             | /  |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |  |               |    |   |
| 1   | Clean unit, especially fan blades.   | ✓             | /  |   |
| 2   | Inspect pulleys, belts, couplings, etc.; adjust tension and tighten mountings as necessary. Change badly worn belts. Multiple belts should be replaced with matched sets.        | ✓             | /  |   |
| 3   | Perform required lubrication and remove old or excess lubricant.   | ✓             | /  |   |
| 4   | Clean motor with vacuum or low pressure dry air (less than 40 psig). Check for obstructions in motor cooling and air flow.   | ✓             | /  |   |
| 5   | Check structural members, vibration eliminators, and flexible connections. Check fan housing to ensure there is no damage and the housing is tight.                              | ✓             | /  |   |
| 6   | Start unit and check for vibration and noise.  | ✓             | /  |   |
| 7   | Remove all trash and 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:**