

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: \_\_\_\_\_ Date of Visit: 6/18/19

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: 6/18/19

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: SFC Jose Mojica Date: 6/18/19

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


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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**FAN COIL UNIT/ DUCTLESS MINI SPLIT**

**SITE AND BLDG #:** DE001-01

**MECHANIC  
SIGNATURE:**



**DATE:** 6/18/19

**LOCATION/RM #:** \_\_\_\_\_ **WO#** 8956 **ASSET #** 1679 to 1686

**START TIME:** 0900

**FINISH TIME:** 1630

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 to.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Schedule shutdown with operating personnel, as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	As needed, de-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. Follow lock out/tag out procedures at all times.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check fan blades for dust buildup and clean if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	When applicable, check fan blades and moving parts for cracks and excessive wear.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Tighten all electrical connectors to proper torque asneeded.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Check that the fan runs properly in all speeds as applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Check dampers and rotating auto diffusers for dirt accumulations, clean as necessary. Check felt, repair or replace as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Check damper actuators and linkage for proper operation as applicable. Adjust linkage on dampers if out of alignment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Lubricate mechanical connections of dampers sparingly as applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Check the valve(s) for signs of leakage and proper operation. If leak is detected, submit a UE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Clean coils by brushing, blowing, vacuuming, or pressure washing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	Check coils for leaking, tightness of fittings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	Use fin comb to straighten coil fins as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	Check belts for wear and cracks, adjust tension or alignment as applicable. Replace belts when necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13	Check rigid couplings for alignment on direct drives, and for tightness of assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14	Vacuum interior of unit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS  (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
15	Check filter door for proper gasketing and air leaks. Correct as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16	Change the filter as needed with the correct size and type filter.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17	Insure that drain(s) are clear and running.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18	Clean up work area.	<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: General Maintenance Worker

**Additional Notes:**