

**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: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

EXHAUST FANS

SITE AND BLDG #: PA062-01

MECHANIC
SIGNATURE: 

DATE: 6/4/17

LOCATION/RM #: Bathroom WO# 9101 ASSET # see below
Various

START TIME: 7AM

FINISH TIME: 5PM

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.	X		
2	Schedule shutdown with operating personnel, as needed.	X		
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.	X		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Clean unit, especially fan blades.	X		
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.	X		
3	Perform required lubrication and remove old or excess lubricant.	X		
4	Clean motor with vacuum or low pressure dry air (less than 40 psig). Check for obstructions in motor cooling and air flow.	X		
5	Check structural members, vibration eliminators, and flexible connections. Check fan housing to ensure there is no damage and the housing is tight.	X		
6	Start unit and check for vibration and noise.	X		
7	Remove all trash and debris.	X		

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:

Asset #3563, 3565, 3568, 3571, 3593, 3602, 3603, 3606, 3608, , 3613, 3615, 3482, 3488
 THERE ARE NOT 11 EXHAUST FANS. THE UNUSED KITCHEN HAS 3 MAKE AIR UNITS WITH 3 FURNACES IN THE KITCHEN. KITCHEN HOOD ALSO HAS A MAKEUP AIR WITH 4 HEAT ON ROOF.
 THE KITCHEN IS UNUSED. EXCEPT FOR FRIGERATOR. ALL EXHAUST FAN OPERATE, ALL 4 MAKE UP AIR FURNACE'S DID BLOW AIR IN, DIDN'T FIRE FURNACE'S