

**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. _____ | <b>X</b> | 9331QT |
| 2. _____ |          |        |
| 3. _____ |          |        |
| 4. _____ |          |        |
| 5. _____ |          |        |

**CERTIFICATION OF WORK**

To be signed by the Contractor:

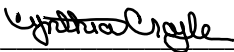
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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 #: **PA027-01**MECHANIC  
SIGNATURE: DATE: **6-13-19**LOCATION/RM #: \_\_\_\_\_ WO# **9140** ASSET # **3683 to 3689**  
**3893**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.	<input checked="" type="checkbox"/>		
2	Schedule shutdown with operating personnel, as needed.	<input checked="" type="checkbox"/>		
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.	<input checked="" type="checkbox"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Clean unit, especially fan blades.	<input checked="" type="checkbox"/>		
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.	<input checked="" type="checkbox"/>		
3	Perform required lubrication and remove old or excess lubricant.	<input checked="" type="checkbox"/>		
4	Clean motor with vacuum or low pressure dry air (less than 40 psig). Check for obstructions in motor cooling and air flow.	<input checked="" type="checkbox"/>		
5	Check structural members, vibration eliminators, and flexible connections. Check fan housing to ensure there is no damage and the housing is tight.	<input checked="" type="checkbox"/>		
6	Start unit and check for vibration and noise.	<input checked="" type="checkbox"/>		
7	Remove all trash and debris.	<input checked="" 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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

**1<sup>st</sup> FLOOR RESTROOM EXHAUST FAN NEED REPLACED. BAD MOTOR/BEARINGS**  
**MAKE - PENN VENTILATOR**  
**MODEL - AB-35 TAG EF-8 ASSET 3688**