

## 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**  
**EXPANSION TANKS**

SITE AND BLDG #: **PA063-01**LOCATION/RM #: **WO# 9257** ASSET # **4858**MECHANIC  
SIGNATURE: DATE: **6/10/19**START TIME: **7 AM**FINISH TIME: **5 PM**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (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.	X		
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.	X		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed.	X		
2	Test air pressure in tank. Ensure air pressure is at correct PSI. Correct as needed.	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:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**CIRCULATING AND BOOSTER PUMPS**

SITE AND BLDG #: **PA063-01**MECHANIC  
SIGNATURE: DATE: **6-10-19**

LOCATION/RM #:	WO# <b>9257</b>	ASSET # <b>4942</b>
		<b>4950</b>

START TIME: **7 AM**FINISH TIME: **5 PM**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (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.	X		
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.	X		
3	It is generally not a good idea to tamper with pumps using mechanical seals if they are otherwise performing properly. Since mechanical seals can cost as much as the pump, it is usually not cost effective to risk damaging the seal by performing an annual internal inspection of the pump.	X		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Lubricate pump and motor bearings as per manufacturer's specifications. Bearings require lubrication atleast annually.	X		
2	Inspect couplings and check for any pump seal leaks.	X		
3	Check motor mounts and vibration pads	✓		
4	Tighten all pump flanges.	X		
5	Visually check pump alignment and coupling	X		
6	Inspect electrical connections	✓		

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To be performed by: General Maintenance Worker

**Additional Notes:**