

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
VEHICLE EXHAUST REMOVAL

SITE AND BLDG #: **PA063-02**

LOCATION/RM #:	WO# 9325	ASSET # 8039
		8052

MECHANIC
SIGNATURE: 

DATE: **6-10-19**

START TIME: **7 AM**FINISH TIME: **6 PM**

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.	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		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Start and stop fan with local switch	X		
2	Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings.	X		
3	Inspect, adjust belts and pulleys. Replace belt as needed.	X		
4	Clean dampers; lubricate pivot points (annually) and inspect linkages for tightness.	X		
5	Inspect fan for bent blades, unbalance, excessive noise and vibration.	X		
6	Clean fan as needed.	X		
7	Visually inspect exhaust system tubing and/or duct work for any damage that could result in leaks.	X		
8	Repair 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: