

**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. _____ | 9342QT |
| — | |
| 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

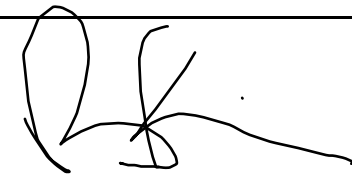
FAN COIL UNIT/ DUCTLESS MINI SPLIT

SITE AND BLDG #: **PA209-1**MECHANIC
SIGNATURE: DATE: **6/3, 6/7**

LOCATION/RM #:

WO# **9377**ASSET # **3989 thru 3994**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	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.	X		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check fan blades for dust buildup and clean if necessary.	X		
2	When applicable, check fan blades and moving parts for cracks and excessive wear.	X		
3	Tighten all electrical connectors to proper torque asneeded.	X		
4	Check that the fan runs properly in all speeds as applicable.	X		
5	Check dampers and rotating auto diffusers for dirt accumulations, clean as necessary. Check felt, repair or replace as necessary.	X		
6	Check damper actuators and linkage for proper operation as applicable. Adjust linkage on dampers if out of alignment.	X		
7	Lubricate mechanical connections of dampers sparingly as applicable.	X		
8	Check the valve(s) for signs of leakage and proper operation. If leak is detected, submit a UE.	X		
9	Clean coils by brushing, blowing, vacuuming, or pressure washing.	X		
10	Check coils for leaking, tightness of fittings.	X		
11	Use fin comb to straighten coil fins as needed.	X		
12	Check belts for wear and cracks, adjust tension or alignment as applicable. Replace belts when necessary.	X		
13	Check rigid couplings for alignment on direct drives, and for tightness of assembly	X		
14	Vacuum interior of unit.	X		



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.	X		
16	Change the filter as needed with the correct size and type filter.	X		
17	Insure that drain(s) are clear and running.	X		
18	Clean up work area.	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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

UNIT HEATER, HOT WATER

**MECHANIC
SIGNATURE:**

DATE: _____

START TIME:

FINISH TIME:

SITE AND BLDG #: PA209-1

LOCATION/RM #:

WO# 9377

ASSET # 4357/4371/4981

4089/4090/4482

4480, ~~4481~~, ~~4482~~

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.	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	Check valve for full stroke operation in both directions, if applicable.	X		
2	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	X		
3	Clean the coil with vacuum cleaner.	X		
4	Comb the fins as needed.	X		
5	Clean all fans and motors.	X		
6	Check operation of controls and safeties.	X		
7	Lubricate as required.	X		
8	Check all motors, belts, pulleys, shafts, etc. for alignment.	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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: