

Attachment E: Work Order Completion Form

SPRINKLER/STANDPIPE SYSTEM MAINTENANCE REQUIREMENT CHART:

Device	Annual	Completed?	Date
All fire system valves including hydrants & yard sectional valves	Exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Flow alarm devices	Flow Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gauges	Inspect	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sprinkler heads	Inspect	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Main Drain: control assy or valve	Flow Test; record static and resid. pressures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hi-Lo pressure alarm	Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tamper switches	Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Standpipe hose valves	Flow test-exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No	

DIESEL FIRE PUMP MAINTENANCE REQUIREMENT CHART:

Device	Annual	Completed?	Date
Fire Pump (pressure start)	Run Test (30min), Flow Test, Plot Curve Points	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pressure relief valve	Inspect	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Coupling alignment	Inspect	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lubricate pump bearings	X	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fuel level	Inspect	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Spills, vents	Inspect	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Operate manual start	Exercise/Flow Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Engine oil	Inspect	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Engine oil/filter	Change	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heat exchanger water flow	Inspect	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Start/stop pressure setting	Inspect	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Engine exhaust	Inspect	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pump house heat/ ventilation functional?	Inspect	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Battery	Inspect	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pump Room drains	Inspect	<input type="checkbox"/> Yes <input type="checkbox"/> No	

WATER TANKS:

Device	Annual	Completed?	Date
Silt in tank	Inspect	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Water level	Inspect	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Water temperature above 40F	Inspect	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Valves	Exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tank Interior	Inspect	<input type="checkbox"/> Yes <input type="checkbox"/> No	

OTHER REQUIRED ACTIVITY PER SOW:

		Completed?	Date
Ceiling tiles	Remove/replace all affected tiles	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pipe and Excess Materials and debris	Remove/dispose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sprinkler alarm panel device	Verify description and locations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sprinkler flow initiation devices	Verify alarm within 90 seconds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tamper Switch	Verify immediate activation of signal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
System checks	Checked for leaks or standing water	<input type="checkbox"/> Yes <input type="checkbox"/> No	
System checks	Recorded all test data and pressures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
System checks	Verified fire pump does not activate general alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
System checks	Verified fire pump and jockey pump start and stop pressures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
System checks	Verified jockey pump pressure is equal or higher than fire pump churn and cycles are not more than 10 runs/24hrs	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I certify that the above actions as noted have been completed.

Contractor/Technician

Date

Contract Completion Statement

Contracting Office	US Embassy – Sofia General Services Office 16 Kozyak Street Sofia 1408, Bulgaria
Requisition Number	PR3244025
Purchase Order Number	SBU800-14-_-0__
Contractor Name and Address	
Invoice Number	
Invoice Date	
<p>COR Certification: All contract administration functions have been fully and satisfactorily completed.</p> <p>As a result of a final review of the contract file, it is determined that to the best of my knowledge all terms and conditions of the subject contract have been complied with and the file so documented. The Work Order completion form and COR's checklist have been completed indicating that all requested deliverables under the contract, as modified, if applicable, have been received and are acceptable. The terms and conditions applicable to all the General and Special Provisions of the contract have been met. All actions relating to the settlement and to the disposition of the Government property have been documented. The final invoice has been received and processed, giving consideration for any adjustments, which may be necessary as a result of the above. Consequently, all necessary actions required to close the subject contract are hereby considered complete.</p>	

 Kevin Sessink
 Contracting Officer Representative

 David McKay
 Contracting Officer