

CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: MD006 Date of Visit: 8/5/19

Contractor Personnel on Site:

1. Scott Werry
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 6784, 6828, 6855, 6856, 6857, 6980, 7034, 7039, 7040, 3018
2. 3126, 3105, 3117, 3369
3. _____
4. 10210 10427 10184

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry Date: 8/5/19
Signed: Scott Werry

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: Jesse A. Schultz ARA Date: 2019 0805
Signed: Jesse Schultz

OTHER RECURRING SERVICES CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: M0006 Date of Visit: 8/5/19

Contractor Personnel on Site:

- | | | | |
|----|--------------------|----|-------|
| 1. | <u>Scott Werry</u> | 4. | _____ |
| 2. | _____ | 5. | _____ |
| 3. | _____ | 6. | _____ |

Work Performed:

Other Recurring Services

- | | | |
|----|-------------------------|--|
| 1. | <u>7446, 7457, 7525</u> | |
| 2. | _____ | |
| 3. | <u>15323</u> | |
| 4. | _____ | |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry Date: 8/5/19
Signed: Scott Werry

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: Jesse A. Schultz ARA Date: 20190805

Signed: Jesse Schultz

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: MD006-01

MECHANIC
SIGNATURE: *[Signature]*

DATE: 8/15/19

LOCATION/RM #: 105

START TIME: 8:00

FINISH TIME: 8:15

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
105	10210	3105	10305				APU - 1	105

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS <small>(IF TASK COMPLETE/CHECKED NO, PROVIDE EXPLANATION)</small>
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace both internal and external filters as necessary.	✓		WASHED
2	Label and Date Filter	✓		
3	Did YELLOW Maintenance Tag get Initialed	✓		
3	Did all High Asset Filters get Changed			Make sure YELLOW Maint Tag is initialed on Asset
Qty	Size			NOTES/ACTIONS <small>(IF TASK COMPLETE/CHECKED NO, PROVIDE EXPLANATION)</small>

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct materials).

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: GMW **Additional Notes:**

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: MD 006 - C1
LOCATION/RM #: 105

MECHANIC SIGNATURE: [Signature] DATE: 8-1-18
START TIME: 8:15 FINISH TIME: 8:30

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
105	10210	3117	PG3101				AHU - 2	105

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace both internal and external filters as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WASHED
2	Label and Date Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Did YELLOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Did all High Asset Filters get Changed	<input type="checkbox"/>	<input type="checkbox"/>	Make sure YELLOW Maint Tag is initialed on Asset
Qty	Size			NOTES/ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and materials) without a work order.

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: GMW **Additional Notes:**

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST Filter Replacement

SITE AND BLDG #: MD 806-01

MECHANIC
SIGNATURE: [Signature]

DATE: 8/5/11

LOCATION/RM #: _____

START TIME: 8:30

FINISH TIME: 8:45

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
MD006	10210	3368	123105				MAKE UP AIR UNIT	

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS <small>(IF TASK COMPLETE / CHECKED NO, PROVIDE EXPLANATION)</small>
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace both internal and external filters as necessary.	✓		WASHED
2	Label and Date Filter	✓		
3	Did YELLOW Maintenance Tag get Initialed	✓		
3	Did all High Asset Filters get Changed			Make sure YELLOW Maint Tag is initialed on Asset
Qty	Size			NOTES/ACTIONS <small>(IF TASK COMPLETE / CHECKED NO, PROVIDE EXPLANATION)</small>

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct materials).

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: GMW **Additional Notes:**