

CERTIFICATION OF WORK

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

FACID/Building: MD 006

Date of Visit: 9/4/19

Contractor Personnel on Site:

1. Tony Lazarus

2. Jim Geertjens

3. _____

4. _____

5. _____

6. _____

Work Performed:

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

1. 10773

2. 10918

3. 10849

4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Speedy

Date: 9-4-19

Signed: [Signature]

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: Schultz, Jesse, ARA

Date: 20190904

Signed: Jesse Schultz

E-Mail: _____

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

FACID/Building: MD006-01

Date of Visit: 8/4/18

Contractor Personnel on Site:

- | | | | | |
|----|-------------|-----------------|----|-------|
| 1. | <u>Tony</u> | <u>LAZARUS</u> | 4. | _____ |
| 2. | <u>Jim</u> | <u>Geertgen</u> | 5. | _____ |
| 3. | _____ | _____ | 6. | _____ |

Work Performed:

Other Recurring Services

- | | |
|----|--------------|
| 1. | <u>10741</u> |
| 2. | _____ |
| 3. | _____ |
| 4. | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony LAZARUS Date: 8/4/18

Signed: [Signature]

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: Schultz, Jesse ARA Date: 2019 09 04

Signed: [Signature]

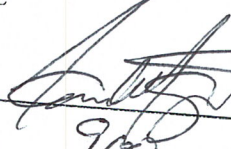
E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST VEHICLE EXHAUST REMOVAL

SITE AND BLDG #: MD 006 -G2

LOCATION/RM #: CMS WO# 1695 ASSET # 8048

MECHANIC

SIGNATURE: 

DATE: 8/4/19

START TIME: 900

FINISH TIME: 930

ITEM NO.	DESCRIPTION	TESTS/COMPLETION		NOTES/ACTIONS (IF TESTS COMPLETED CHECK YES/NO PROVIDE EXPLANATION)
		YES	NO	
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.			
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.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Start and stop fan with local switch			
2	Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings.			
3	Inspect, adjust belts and pulleys. Replace belt as needed.			
4	Clean dampers; lubricate pivot points (annually) and inspect linkages for tightness.			
5	Inspect fan for bent blades, unbalance, excessive noise and vibration.			
6	Clean fan as needed.			
7	Visually inspect exhaust system tubing and/or duct work for any damage that could result in leaks.			
8	Repair as needed			

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: