

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

FACID/Building: MD 006

Date of Visit: 8/4/19

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.)

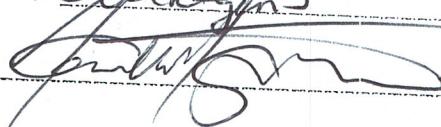
1. 10773
2. 10918
3. 10849
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Geertjens

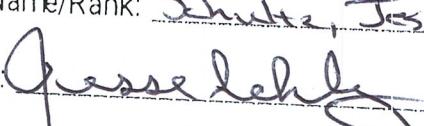
Date: 9-4-19

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: Schultz, Jesse ARA Date: 20190904

Signed: 

E-Mail:

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

Facility/Building: MD006-01 Date of Visit: 8/4/19

Contractor Personnel on Site:

| | | | |
|----|---------------------|----|--|
| 1. | <u>Tony Lazarus</u> | 4. | |
| 2. | <u>Jim 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: 8/4/19
Signed: Tony Lazarus

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: Quinton L. Schultz
E-Mail: Quinton.Schultz@DOD.DOD.MIL

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
VEHICLE EXHAUST REMOVAL

SITE AND BLDG #: MD 006 -02

LOCATION/RM #: BMS

WO# 1689

ASSET # 8048

MECHANIC
SIGNATURE:


DATE:

8/4/18

START TIME:

9:00

FINISH TIME:

8:30

| ITEM ROUTINE | CHECKPOINT/DESCRIPTION | SPECIAL INSTRUCTIONS | TASK COMPLETED | | NOTES/ACTIONS (IF TASK NOT COMPLETED, CHARGE TO PROVIDER/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. | | / | | |
| 1 | Start and stop fan with local switch | TO BE PERFORMED AT EACH INSPECTION SERVICE | | | |
| 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: