

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: PP003

Date of Visit: 8/1/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Geerlges
3. _____

4. _____
5. _____
6. _____

Work Performed:

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

1. 10185
2. 10441
3. 10186
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geerlges

Date: 8-1-19

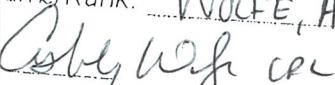
Signed: 

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: WOLFE, ASHLEY CPL

Date: 8-1-19

Signed: 

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

FacID/Building: Pro03-01 Date of Visit: 8/1/19

Contractor Personnel on Site:

1. Tony Grguric
2. Jim Beertje
3. _____
4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 10323
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Grguric Date: 8-1-19

Signed: Jim Grguric

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: WOLFE, ASHLEY CPL Date: 8-1-19

Signed: Ashley Wolfe CPL

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: PA 003 - G1

LOCATION/RM #: OUTSIDE

MECHANIC
SIGNATURE:

DATE:

8/1/19

START TIME: 0820

FINISH TIME: 0845

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
ALTAIR	10181	3036	PM3036	CARRIER	48RCED	36166 12R20A0300	AIR HANDLER	OUTSIDE

CHECKPOINT	DESCRIPTION	TO BE PERFORMED		NOTES
		YES	NO	
1	Check, clean, and/or replace both internal and external filters as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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"/>	Make sure YELLOW Maint Tag is initialed on Asset
3	Did all High Asset Filters get Changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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 #: PR 003-6

LOCATION/RM #: DRILL 1421

MECHANIC
SIGNATURE:

DATE: 8 / / 19

START TIME:

FINISH TIME: 9:15

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:**