

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

FACID/Building: P2003

Date of Visit: 8/1/19

Contractor Personnel on Site:

1. Tony Green
2. Jim Geertgens

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 Geertgens

Date: 8-1-19

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: WOLFE, ASHLEY CPL

Date: 8-1-19

Signed: Ashley Wolfe CPL

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

FACID/Building: P003-01

Date of Visit: 8/1/19

Contractor Personnel on Site:

1. Tony Lanza
2. Jim Geertgens
3. _____

4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 10373
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

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: Ashley Wolfe CPL

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: PA003 - 01

LOCATION/RM #: Bulb WO# 16441

ASSET # 6969

MECHANIC
SIGNATURE:

START TIME:

DATE: 8/6/18

FINISH TIME:

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED 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 to.			
2	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal			
3	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.			
4	Do not allow any open flames around equipment.			
1	Attach drain hose. Drain several gallons from tank to remove			
2	Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge.			
3	Check all connections - electric, gas and water. Tighten as necessary.			
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at			N/A
5	Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.			N/A
6	Clean sight glasses on tanks.			N/A
7	Clean strainer, check condition of traps. Report and repair leaks.			N/A
8	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.			N/A

K00-048CMI Management Inc.

- 9 If applicable, Remove and inspect Anode, replace if necessary
- 10 Clean up work area and remove trash.

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For 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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST Filter Replacement

SITE AND BLDG #: Pp003 -02
LOCATION/RM #: 005

MECHANIC SIGNATURE: [Signature] DATE: 8/1/19
START TIME: 930 FINISH TIME: 935

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
005	10126	3037	103037	CARAK	CNPHE3	111X992	AIR FILTER	PM 1

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		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"/>		
2	Label and Date Filter	<input checked="" type="checkbox"/>		
3	Did YELLOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>		
3	Did all High Asset Filters get Changed	<input checked="" type="checkbox"/>		Make sure YELLOW Maint Tag is initialed on Asset
04	Size			

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 #: PA003-00

LOCATION/RM #: OM

MECHANIC
SIGNATURE: [Signature]

DATE: 5/1/19

START TIME: 935

FINISH TIME: 940

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
OM	10186	3038	123037	CARILL	COP11674	Q11A7218	AIR Filter	Bay 7

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS
		YES	NO	(IF TASK COMPLETE, CHECKED NO, PROVIDE EXPLANATION)
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace both internal and external filters as necessary.	—		
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
05	Size			
				NOTES/ACTIONS
				(IF TASK COMPLETE, CHECKED NO, PROVIDE EXPLANATION)

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 #: PA 003-02

LOCATION/RM #: OMS

MECHANIC
SIGNATURE: [Signature]

DATE: 8/1/19

START TIME: 940

FINISH TIME: 945

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
OMS	10186	3445	142337	PLW	6400	245F 246F	2 RE FURNACE	Bay 3 + 7

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE CHECK YES, IF NOT PROVIDE EXPLANATION)
		YES	NO	
1	Check, clean, and/or replace both internal and external filters as necessary.	—		
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
OMS	Size			

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:**