

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
DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: PA003 - 01

LOCATION/RM #: Boiler Room

WO# 16441

ASSET # 6969

MECHANIC
SIGNATURE:

DATE:

8/6/18

START TIME:

FINISH TIME:

CHECKPOINT	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			
5	Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.			
6	Clean sight glasses on tanks.			
7	Clean strainer, check condition of traps. Report and repair leaks.			
8	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.			

K00-048CMI Management Inc.

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

N/A

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 #: PPG03 -02
LOCATION/RM #: OMS

MECHANIC SIGNATURE: 
DATE: 8/1/19
START TIME: 936
FINISH TIME: 935

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
OMS	101863637	PQ3837	CARAK	ONPIHE3	1d11X992-	17ACEN	AIR FILTER	DM 6

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE, PLEASE 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 Initiated	/		
3	Did all High Asset Filters get Changed	/		Make sure YELLOW Maint Tag is initiated on Asset
00	00			NOTES/ACTIONS (IF TASK COMPLETE, PLEASE 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 #: PR 003 - 02

LOCATION/RM #: 0M1

MECHANIC
SIGNATURE:

DATE:

START TIME:

5/1/19

FINISH TIME: 990

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
0M1	10186	3038	163037	CABIN	CABPI1626	21117718	AIR Filter	Bay 3

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE/NOT CHECKED/NO 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 Initiated	✓		
3	Did all High Asset Filters get Changed	✓		Make sure YELLOW Maint Tag is initiated on Asset
04	Size			NOTES/ACTIONS (IF TASK COMPLETE/NOT 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:

el. 119

DATE:

START TIME:

940

FINISH TIME: 945

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
OMS	10186	3449	1623637	Blow	6400	245F	2 ft Furnace	Bay 3 & 7

CHECK POINT	CHECKPOINT DESCRIPTION	TO BE PERFORMED AT EACH INSPECTION SERVICE		NOTES/ACTIONS (IF TASK COMPLETE/IS CHECKED NO FURTHER EXPLANATION)
		TASK COMPLETE YES	TASK COMPLETE 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	✓		Make sure YELLOW Maint Tag is initialed on Asset
3	Did all High Asset Filters get Changed	✓		
				NOTES/ACTIONS (IF TASK COMPLETE/IS CHECKED NO FURTHER 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: