

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

FACID/Building: PA 050

Date of Visit: 8/2/19

Contractor Personnel on Site:

1. Tony Cazzaro
2. Jim Gertgen
3. Scott Werry

4. _____
5. _____
6. _____

Work Performed:

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

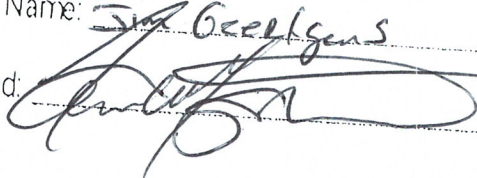
1. 10226
2. 10400
3. 10245
4. 10460

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gertgen

Date: 8-9-19

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: 1SG SETH MOORE

Date: 09 AUG 19

Signed: 1SG SETH MOORE

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

FACID/Building: PROSO - 01 Date of Visit: 8/2/19

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>TOBY GREEN</u> | 4. _____ |
| 2. <u>DIM GEERTSEN</u> | 5. _____ |
| 3. <u>SCOTT WELLY</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|-----------------|-------|
| 1. <u>10380</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: DIM GEERTSEN Date: 8-9-19

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: [Signature] Date: 09 AUG 19

Signed: 1SG SETH MOORE

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOMESTIC HOT WATER HEATER - ELECTRIC

SITE AND BLDG #:

P2050 - 02

LOCATION/RM #:

oms

WO#

1092

ASSET #

6987

MECHANIC

SIGNATURE:



DATE:

2/9/19

START TIME:

8:45

FINISH TIME:

9:00

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 energy prior to beginning work.		-	
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 and water. Tighten as necessary. Ensure power is disconnected to electric heaters	-		
4	Check operation/ setting of aquastat. Check hot water temperature with dial thermometer, set aquastat at minimum		NA	
5	Check amperage draw of upper and lower elements and compare to name plate data.	-		8.2 8.4
6	Clean element contacts, and check for proper closing under load.	-		
7	Clean pump, controls, switches, and starters. Check condition of pump seal or packing, and replace as required.		NA	
8	If applicable. Remove and inspect Anode, replace if necessary		NA	
9	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 discription of the deficiency.

BK

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST TIME CLOCK, LIGHTING

SITE AND BLDG #: *P1 050-02*

MECHANIC SIGNATURE: *[Signature]*

LOCATION/RM #: *051* WO# *10462*

ASSET # *737*

START TIME: *0800*

DATE: *8/9/11*

FINISH TIME: *0210*

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		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.		<input checked="" type="checkbox"/>	
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.		<input checked="" type="checkbox"/>	
1	Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.		<i>N/A</i>	
2	Check physical connections.		<input checked="" type="checkbox"/>	
3	Verify the timeclock configuration, ensure proper operation.		<i>OK</i>	
4	If applicable, check battery and replace as needed.		<i>N/A</i>	

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 discription of the deficiency.
To be performed by: General Maintenance Worker

Additional Notes: