

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: PA 003 101 to 2 Date of Visit: 5/16/19

Contractor Personnel on Site:

1. Scott Werry
2. GARY Beitzel
3. _____

4. _____
5. _____
6. _____

Work Performed:

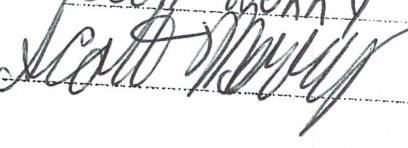
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 8481 8712
2. 8657
3. 8781
4. 8482

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry Date: 5/16/19

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:  Date: 16 May 19

Signed: 

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

FacID/Building: 8003-01 Date of Visit: 5/16/19

Contractor Personnel on Site:

1. SCOTT WERRY
2. GARY BERTZEL
3. _____
4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 8589
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Gary Bertzel Date: 5.16.19
Signed: Gary Bertzel

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: KEITH, SEAN / E-6 Date: 16 May 19

Signed: Keith, Sean

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: P 063 -02

LOCATION/RM #: motor pool

MECHANIC
SIGNATURE:

DATE: 5/16/19

START TIME: 10:45

FINISH TIME: 11:00

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|------|---------|-------|--------------|--------------|----------|-------------------|----------------|
| P003 | 8482 | 2037 | 14237 | Cambridge | 5400 | U443245F | AIR Filter | motorpool |

| 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. | | | |
| 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 |
| CM | Size | | | NOTES/ACTIONS (IF TASK COMPLETE/IS CHECKED NO, PROVIDE EXPLANATION) |
| | No Filters | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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:**

BK

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

Filter Replacement

SITE AND BLDG #:

P 003 - 02

LOCATION/RM #: Motor room

**MECHANIC
SIGNATURE:**

DATE: 5/10/99

START TIME: 11:00

FINISH TIME: 11'15

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|------|---------|--------|--------------|--------------|----------|-------------------|----------------|
| | | | | | | | | Asset Location |
| Phase3 | 648 | 3030 | 163037 | CAMBRIDGE | S400 | | AIR HARNES | motorpool |

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:**

βιC

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: *P1 003 -02*
LOCATION/RM #:

MECHANIC SIGNATURE: *Mary Bentz* DATE: *5-16-19*
START TIME: *8:00* FINISH TIME: *8:00*

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|-----------------|---------|------|--------------|--------------|----------|-------------------|----------------|
| <i>P1003</i> | <i>84873443</i> | | | | | | <i>Furnace</i> | |

| 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. | | | |
| 2 | Label and Date Filter | <input checked="" type="checkbox"/> | | |
| 3 | Did YELLOW Maintenance Tag get Initialed | | <input checked="" type="checkbox"/> | Make sure YELLOW Maint Tag is initialed on Asset |
| 3 | Did all High Asset Filters get Changed | | | |
| GTY | Size | | | NOTES/ACTIONS (IF TASK COMPLETE IS 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:**

PL