

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

FACID/Building: P2003

Date of Visit: 6/6/19

Contractor Personnel on Site:

1. Tony Lozano
2. Jim Geertgen
3. Scott Werry

4. _____
5. _____
6. _____

Work Performed:

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

1. 9171 9223
2. 9283 9450
3. 9385
4. 9144

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgen

Date: 6-6-19

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: SSG Bird Keith

Date: 20190606

Signed: _____

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

FACID/Building: P003 - G1

Date of Visit: 6/6/19

Contractor Personnel on Site:

- | | | | |
|----|--------------------|----|-------|
| 1. | <u>Tony Green</u> | 4. | _____ |
| 2. | <u>Jim Geelens</u> | 5. | _____ |
| 3. | <u>Scott Werry</u> | 6. | _____ |

Work Performed:

Other Recurring Services

- | | | |
|----|-------------|-------|
| 1. | <u>9228</u> | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geelens

Date: 6-6-19

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: SSG Bird Keith

Date: 20190606

Signed: [Signature]

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST EXHAUST FANS

SITE AND BLDG #:

P2 003-02

MECHANIC
SIGNATURE:

[Signature]

DATE:

6/6/19

LOCATION/RM #:

Roof

WO#

9144

ASSET #

3751

START TIME:

1030

FINISH TIME:

1100

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	Schedule shutdown with operating personnel, as needed.			
3	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	Clean unit, especially fan blades.			
2	Inspect pulleys, belts, couplings, etc.: adjust tension and tighten mountings as necessary. Change badly worn belts. Multiple belts should be replaced with matched sets.			
3	Perform required lubrication and remove old or excess lubricant.			
4	Clean motor with vacuum or low pressure dry air (less than 40 psig). Check for obstructions in motor cooling and air flow.			
5	Check structural members, vibration eliminators, and flexible connections. Check fan housing to ensure there is no damage and the housing is tight.			
6	Start unit and check for vibration and noise.			
7	Remove all trash and debris.			

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: