

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

FACID/Building: 1A003

Date of Visit: 6/6/19

Contractor Personnel on Site:

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

4. _____
5. _____
6. _____

Work Performed:

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

- | | | |
|----|-------------|-------------|
| 1. | <u>9171</u> | <u>9223</u> |
| 2. | <u>9283</u> | <u>9450</u> |
| 3. | <u>9385</u> | |
| 4. | <u>9144</u> | |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertzen

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 UNIT HEATER, INFRA-RED, RADIANT, GAS

SITE AND BLDG #:

Pr 003 - 02

LOCATION/RM #:

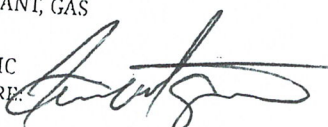
OmS

WO#

9450

ASSET #

4262

MECHANIC
SIGNATURE:


DATE:

2/2/19

START TIME:

1115

FINISH TIME:

1120

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	For gas/oil heaters:			
	1. Remove access panels if applicable.			
	2. Check the fire box liner or refractory for cracks and leaks.			
	3. Check all gas lines for leaks. Repair as needed.			
2	Clean dirt from heater, vacuuming is preferred.			
3	Check operation of gas valve.			
4	Check for gas leaks.			
5	Check operation of thermostat.			
6	If applicable, replace primary air intake filter.			
7	As needed, clean spark electrode and reset gap, replace if necessary.			
8	Inspect flue pipe and connections.			
9	If applicable, inspect and clean outside air blower and blower intake.			
10	Inspect unit for proper operation.			
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.			

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