

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

FACID/Building: Pe 001-01

Date of Visit: 6/7/19

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Tony Larsen</u>  | 4. _____ |
| 2. <u>Jim Geertsen</u> | 5. _____ |
| 3. _____               | 6. _____ |

Work Performed:

Other Recurring Services

- |                |       |
|----------------|-------|
| 1. <u>9237</u> | _____ |
| 2. _____       | _____ |
| 3. _____       | _____ |
| 4. _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsen Date: 6-7-19

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: SGT DeLaCruz Date: 6/7/19

Signed: [Signature]

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

FACID/Building: P1011

Date of Visit: 6/7/19

Contractor Personnel on Site:

1. Tony Cozart
2. Jim Gentry
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

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

- |                |             |
|----------------|-------------|
| 1. <u>9149</u> | <u>9086</u> |
| 2. <u>9272</u> | <u>9338</u> |
| 3. <u>9313</u> | <u>9451</u> |
| 4. <u>9379</u> | _____       |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gentry

Date: 6-7-19

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: SGT DeLaCruz

Date: 6/7/19

Signed: [Signature]

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GREASE TRAP

SITE AND BLDG #:

P-011-01

LOCATION/RM #: 123

WO# 9313

ASSET #

749C

MECHANIC  
SIGNATURE:

DATE:

6/1/13

START TIME:

9:00

FINISH TIME:

9:05

CHECKS PERFORMED	CHECKS/DESCRIPTIONS	TASTE/COMPLIANCE		SPECIAL INSTRUCTIONS	NOTES/EXCEPTIONS
		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.		/		
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.		/		
3	Insure proper grease disposal.		/		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>					
1	Do not use enzymes, acids, caustics, solvents or emulsifying products when cleaning or maintaining the grease traps.		/		
2	Remove lid. If the trap is equipped with removable baffles, remove them.		/		
3	Make sure the flow restrictor on the inflow pipe is present.		/		
4	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.		/		
5	Replace lid and baffles.		/		
6	Return (or fill) water to grease trap.		/		
7	Record grease trap maintenance activities on your log or request a receipt from your grease hauler. Keep records for 3 years.		/		

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: General Maintenance Technician

Additional Notes: