

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: Pa 011 - 41+02 Date of Visit: 8/18/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Gertgens
3. Scott Werry
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

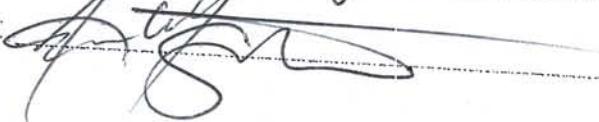
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 10289
2. 10439
3. 10189
4. 10466

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gertgens Date: 8-19-19

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: Ramón E. Dela Cruz/SUT Date: 2019.0819  
Signed: 

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

FacID/Building: PA011-01 Date of Visit: 8/7/19

Contractor Personnel on Site:

1. Tony Green
2. Don Geerfjers
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

Other Recurring Services

1. 10382
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Green Date: 8/7/19  
Signed: Tony

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: Ramon E. De la Cruz /Sgt Date: 20190819  
Signed: Pat Hoyer  
E-Mail:

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
*Filter Replacement*

**SITE AND BLDG #:** P 011 - 02  
**LOCATION/RM #:** OM1

**MECHANIC SIGNATURE:** *[Signature]* **DATE:** 8/19/19  
**START TIME:** 10:30 **FINISH TIME:** 10:40

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
OM1	10189	3043	142-47	LEPOX	611535	661603 -66-NPF	HRV Hatch	OM1

CHECKPOINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE) OR (IF NOT COMPLETE) NO PROVIDED EXPLANATION
		YES	NO	
1	Check, clean, and/or replace both internal and external filters as necessary.			TO BE PERFORMED AT EACH INSPECTION SERVICE
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
00	SP			NOTES/ACTIONS (IF TASK COMPLETE) OR (IF NOT COMPLETE) NO PROVIDED EXPLANATION
				Not Place for Filter

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:

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
*Filter Replacement*

SITE AND BLDG #:

Pr 011-02

LOCATION/RM #:

0M

MECHANIC  
SIGNATURE:

DATE:

8/19/19

START TIME:

1640

FINISH TIME:

1645

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
GMW	10187	3115	163043	Resized	W. Visible	W. Min	AIR Filter	GMW

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETED		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO PROVIDED EXPLANATION)
		YES	NO	
1	Check, clean, and/or replace both internal and external filters as necessary.	✓		
2	Label and Date Filter	✓		
3	Did YELLOW Maintenance Tag get Initiated	✓		Make sure YELLOW Maint Tag is initiated on Asset
3	Did all High Asset Filters get Changed	✓		
0M	See			
				NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO PROVIDED 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:**

ST.11 does not work.