

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: \_\_\_\_\_

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: \_\_\_\_\_

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST VEHICLE EXHAUST REMOVAL

SITE AND BLDG #:

P 011-02

LOCATION/RM #:

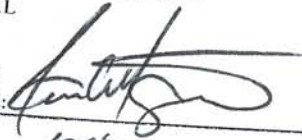
Bys

WO#

9338

ASSET #

2058

MECHANIC  
SIGNATURE:


DATE:

6/2/19

START TIME:

1040

FINISH TIME:

1100

ITEM NO.	DESCRIPTION	TESTS/COMPLETION		NOTES/ACTIONS
		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	Start and stop fan with local switch	/		
4	Check motor and fan shaft bearings for noise, vibration, overheating, lubricate bearings.	/		
5	Inspect, adjust belts and pulleys. Replace belt as needed.	/		
6	Clean dampers, lubricate pivot points (annually) and inspect linkages for tightness.	/		
7	Inspect fan for bent blades, unbalance, excessive noise and vibration	/		
8	Clean fan as needed.	/		
9	Visually inspect exhaust system tubing and/or duct work for any damage that could result in leaks.	/		
10	Repair as needed	/		

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 Worker

Additional Notes: