

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

FACID/Building: PA 001 -12 Date of Visit: 6/12/19

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- | | | |
|----|-------------|-------|
| 1. | <u>9/95</u> | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Lizaro Date: 6/12/19
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: Andrew W. Mowry, GS-11 Date: 12 Jun 2019

Signed: [Signature]

E-Mail: Andrew.W.Mowry.m.1@mail.mil

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

FACID/Building: 8051-12 Date of Visit: 6/12/19

Contractor Personnel on Site:

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

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>9108</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Lazzaro Date: 6/12/19
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:

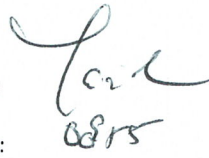
Print Name/Rank: Andrew W. Mowbray GS-11 Date: 12 Jun 2019
Signed: [Signature]

E-Mail: Andrew.Mowbray@gsa.gov

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST EXHAUST FANS

SITE AND BLDG #:

Pa 001 -12

MECHANIC
SIGNATURE:


DATE:

2/12/18

LOCATION/RM #:

WO# 9108

ASSET # 3111

START TIME:

0815

FINISH TIME:

0815

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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: