

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

FACID/Building: PAC13

Date of Visit: 3/4/19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Tony Lazzari</u> | 4. _____ |
| 2. <u>Jim Geertgens</u> | 5. _____ |
| 3. <u>Scott Waring</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------------|
| 1. <u>7705</u> | <u>7993</u> |
| 2. <u>7775</u> | _____ |
| 3. <u>7947</u> | _____ |
| 4. <u>7785</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 3-4-19

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: Richard T. S...

Date: 4 March

Signed: _____

E-Mail: Richard.T. S...

CERTIFICATION OF WORK

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

FACID/Building: PA 013 Date of Visit: 3/4/19

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Tony Lewis</u> | 4. _____ |
| 2. <u>Jim Gertgen</u> | 5. _____ |
| 3. <u>Scott Weir</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>7574</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gertgen Date: 3-4-19

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: Richard T. Sosa Date: 4/2/19

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GREASE TRAP

SITE AND BLDG #:

P-013-a

MECHANIC

SIGNATURE:

DATE:

3/4/19

LOCATION/RM #:

Kitchen

WO#

7777

ASSET #

7498

START TIME:

830

FINISH TIME:

845

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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.		NA	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Do not use enzymes, acids, caustics, solvents or emulsifying products when cleaning or maintaining the grease traps.		NA	
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 discription of the deficiency.

To be performed by: General Maintenance Technician

Additional Notes: