

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

FACID/Building: PA 013-01

Date of Visit: 8/1/19

Contractor Personnel on Site:

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

Work Performed:

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

- | | |
|-----------------|-------|
| 1. <u>10221</u> | _____ |
| 2. <u>10995</u> | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsen

Date: 8-1-19

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: Rich Snyder

Date: _____

Signed: [Signature]

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

FACID/Building: PO 013 -01

Date of Visit: 8/1/19

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- | | |
|-----------------|-------|
| 1. <u>10355</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Goetz

Date: 8-1-19

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: Roch Sayer

Date: _____

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST Filter Replacement

SITE AND BLDG #: PA 013 - 01

MECHANIC SIGNATURE: [Signature]

DATE: 8/1/13

LOCATION/RM #: Drill

START TIME: 1200

FINISH TIME: 1220

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
<u>Boiler</u>	<u>10221</u>	<u>3140</u>	<u>10310</u>	<u>Centur</u>	<u>1016F2</u>	<u>B29668</u>	<u>PIR 11/20/08</u>	<u>Drill</u>
				<u>112 11/11/1</u>		<u>801</u>		<u>11/20/08</u>

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace both internal and external filters as necessary.	<input checked="" type="checkbox"/>		
2	Label and Date Filter	<input checked="" type="checkbox"/>		
3	Did YELLOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>		
3	Did all High Asset Filters get Changed	<input checked="" type="checkbox"/>		Make sure YELLOW Maint Tag is initialed on Asset
Qty	Size			NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE 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:**

BK

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST Filter Replacement

SITE AND BLDG #:

P. 013-01

MECHANIC
SIGNATURE:

[Signature]

DATE:

2/1/15

LOCATION/RM #:

DRIVE 11-11

START TIME:

1220

FINISH TIME:

1240

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
<i>Boylston</i>	<i>10221</i>	<i>3141</i>	<i>16314</i>	<i>Cubota</i>	<i>1016F2</i>	<i>B246Y</i>	<i>W.R. Huber</i>	<i>DRIVE 11-11</i>

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace both internal and external filters as necessary.	<input checked="" type="checkbox"/>		
2	Label and Date Filter	<input checked="" type="checkbox"/>		
3	Did YELLOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>		
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Qty	Size			NOTES/ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>

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BK