

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

FACID/Building: PR003

Date of Visit: 9/3/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Beertgens
3. Scott Jerry

- 4.
- 5.
- 6.

Work Performed:

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

1. 10797
2. 10832
3. 10921
4. 10837

10945

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Beertgens Date: 9-3-19

Signed: Jim Beertgens

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 Date: 3 Sept 17

Signed: NT

E-Mail:

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

FacID/Building: PR 013 - 01to2 Date of Visit: 9/3/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Geertges
3. Scott Werry
4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 10731
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertges Date: 9-3-19
Signed: Jim Geertges

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 1st Date: 2-3-19
Signed: A. A.

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

GREASE TRAP

SITE AND BLDG #: *Pr 03 - 01*LOCATION/RM #: *Kitchen* WO# *10832* ASSET # *7498*MECHANIC
SIGNATURE: *John*DATE: *9/3/18*START TIME: *900*FINISH TIME: *905*

CHECK ITEM	DESCRIPTION/DESCRIPTION	TASK COMPLETED		NOTES/ACTIONS OR TASK COMPLETED OR PROVIDED INFORMATION
		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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Insure proper grease disposal.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Remove lid. If the trap is equipped with removable baffles, remove them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Make sure the flow restrictor on the inflow pipe is present.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Replace lid and baffles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Return (or fill) water to grease trap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Record grease trap maintenance activities on your log or request a receipt from your grease hauler. Keep records for 3 years.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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 Technician

Additional Notes:

BLC