

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

FACID/Building: PA 013-01

Date of Visit: 5/1/19

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Tony Cozma</u>    | 4. _____ |
| 2. <u>Scott Wray</u>    | 5. _____ |
| 3. <u>Jim Geertsema</u> | 6. _____ |

Work Performed:

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

- |                |       |
|----------------|-------|
| 1. <u>8518</u> | _____ |
| 2. <u>8661</u> | _____ |
| 3. <u>8786</u> | _____ |
| 4. _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsema

Date: 5-1-19

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: Rachel Song

Date: 1-2-2016

Signed: [Signature]

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

FACID/Building: P0013 Date of Visit: 5/1/19

Contractor Personnel on Site:

- |    |                     |    |       |
|----|---------------------|----|-------|
| 1. | <u>Tony Grooms</u>  | 4. | _____ |
| 2. | <u>Jim Geertgen</u> | 5. | _____ |
| 3. | <u>Scott Berry</u>  | 6. | _____ |

Work Performed:

Other Recurring Services

- |    |             |       |
|----|-------------|-------|
| 1. | <u>8575</u> | _____ |
| 2. | _____       | _____ |
| 3. | _____       | _____ |
| 4. | _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgen Date: 5-1-19

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 Somp Date: THURS

Signed: [Signature]

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
Filter Replacement

SITE AND BLDG #:

PA 013-01

MECHANIC  
SIGNATURE:

*[Signature]*

DATE:

5/1/19

LOCATION/RM #:

DRILL HALL

START TIME:

900

FINISH TIME:

930

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
PA 013	8578	3140		TRUMPF	101612	82465031	AIR HANDLER	DRILL HALL
				AIR - HALL				

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.	/		
2	Label and Date Filter	/		
3	Did YELLOW Maintenance Tag get Initialed	/		
3	Did all High Asset Filters get Changed	/		Make sure YELLOW Maint Tag is initialed on Asset
QTY	Size			NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
4	20 x 20 x 2			
2	16 x 20 x 2			
			</	

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:**



**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
Filter Replacement

SITE AND BLDG #: PA 013 -01  
LOCATION/RM #: DRILL HALL

MECHANIC SIGNATURE: [Signature] DATE: 5/1/19  
START TIME: 9:30 FINISH TIME: 9:45

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
PA 013	8518	3141		THOMAS	1016152	82468302	AIR 1/2" x 2"	DRILL HALL

1411	-4H02	1411	1411	
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.	—		
2	Label and Date Filter	—		
3	Did YELLOW Maintenance Tag get Initialed	—		
3	Did all High Asset Filters get Changed	—		Make sure YELLOW Maint Tag is initialed on Asset
Qty	Size			NOTES/ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
4	20x20x2			
2	16x20x2			

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) — PM found exceeding \$250 open a corrective

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:**