

CERTIFICATION OF WORK

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

FACID/Building: PA 013 Date of Visit: 6/3/19

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Tony Lazarus</u> | 4. _____ |
| 2. <u>Jim Geertsen</u> | 5. _____ |
| 3. <u>Scott Werry</u>  | 6. _____ |

Work Performed:

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

- |                |             |
|----------------|-------------|
| 1. <u>9280</u> | <u>9320</u> |
| 2. <u>9315</u> | <u>9458</u> |
| 3. <u>9382</u> | _____       |
| 4. <u>9189</u> | _____       |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsen Date: 6-3-19

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: Brandy Orris SAA Date: 20190603

Signed: [Signature]

E-Mail:

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

FACID/Building: PA 013 Date of Visit: 6/3/19

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Tony Cazarez</u> | 4. _____ |
| 2. <u>Jim Gerdjan</u>  | 5. _____ |
| 3. <u>Scott Werry</u>  | 6. _____ |

Work Performed:

Other Recurring Services

- |                |       |
|----------------|-------|
| 1. <u>9214</u> | _____ |
| 2. _____       | _____ |
| 3. _____       | _____ |
| 4. _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gerdjan Date: 6-3-19  
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: Brandy Orris SAA Date: 20190603  
Signed: [Signature]

E-Mail: \_\_\_\_\_

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST CIRCULATING AND BOOSTER PUMPS

SITE AND BLDG #:

P1 013-01

MECHANIC

SIGNATURE:

DATE:

LOCATION/RM #:

Boiler Room

WO#

9260

ASSET #

4929

START TIME:

800

FINISH TIME:

810

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	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	It is generally not a good idea to tamper with pumps using mechanical seals if they are otherwise performing properly. Since mechanical seals can cost as much as the pump, it is usually not cost effective to risk damaging the seal by performing an annual internal inspection of the pump.	/		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
	Lubricate pump and motor bearings as per manufacturer's specifications. Bearings require lubrication atleast annually.	/		
2	Inspect couplings and check for any pump seal leaks.	/		
3	Check motor mounts and vibration pads	/		
4	Tighten all pump flanges.	/		
5	Visually check pump alignment and coupling	/		
6	Inspect electrical connections	/		

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 Worker

Additional Notes:

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