

CERTIFICATION OF WORK

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

FACID/Building: P 017 Date of Visit: 8/15/19

Contractor Personnel on Site:

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

Work Performed:

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

- |                 |       |
|-----------------|-------|
| 1. <u>10251</u> | _____ |
| 2. <u>10438</u> | _____ |
| 3. _____        | _____ |
| 4. _____        | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Green Date: 8-15-19

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: London, Leshi Date: 8/15/19

Signed: [Signature]

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

FACID/Building: PA 017-01

Date of Visit: 8/7/18

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Tommy Gorman</u> | 4. _____ |
| 2. <u>Jim Gorman</u>   | 5. _____ |
| 3. _____               | 6. _____ |

Work Performed:

Other Recurring Services

- |                 |       |
|-----------------|-------|
| 1. <u>10381</u> | _____ |
| 2. _____        | _____ |
| 3. _____        | _____ |
| 4. _____        | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tommy Gorman

Date: 8/7/18

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: London Gosh

Date: 8/15/19

Signed: [Signature]

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** Filter Replacement

SITE AND BLDG #: PA 017-01  
LOCATION/RM #: Mike Kue

MECHANIC SIGNATURE: [Signature] DATE: 8/16/18  
START TIME: 750 FINISH TIME: 800

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
<u>Mike Kue</u>	<u>10251</u>	<u>3431</u>	<u>FA393</u>	<u>Green</u>	<u>11400175</u>	<u>161101120</u>	<u>14V 1</u>	<u>Mike Kue</u>

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>
2	27x30 x2			

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost). Repairs found exceeding \$250 must be reported to the customer and approved by the customer before proceeding.

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 #: 117-01

LOCATION/RM #: 1st flr

MECHANIC  
SIGNATURE: [Signature]

DATE: 8/17/15

START TIME: 8:00

FINISH TIME: 8:00

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
<u>1st flr</u>	<u>14251</u>	<u>3038</u>	<u>1403030</u>	<u>Green</u>	<u>11470125</u>		<u>1st flr</u>	<u>1st flr</u>

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS <small>(IF TASK COMPLETE 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
05	Size			
2	24x30x2			NOTES/ACTIONS <small>(IF TASK COMPLETE CHECKED NO, PROVIDE EXPLANATION)</small>

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:**