

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

FACID/Building: PA017

Date of Visit: 5/20/19

Contractor Personnel on Site:

1. Tony Lazares
2. Jim Geertman
3. Scott Werry

4. Gary Beitzel
5. _____
6. _____

Work Performed:

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

1. 8546
2. 8652
3. 8778
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertman

Date: 5-20-19

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: Linda Leski

Date: 5/20

Signed: [Signature]

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

FACID/Building: P2017 - 01 Date of Visit: 5/17/18

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>8597</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Lerman Date: 5/17/18

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: Linda Lasky Date: 5/20

Signed: [Signature]

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #:

PA 017 -01

MECHANIC
SIGNATURE:

[Signature]

DATE:

5/20/19

LOCATION/RM #:

DRUG HALL

START TIME:

8:30

FINISH TIME:

8:45

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
PA 017	1896	3431	1896	LANE	16-110	1145017	FURNACE HU 1	DRUG 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)		
2	24 x 30 x 2			

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct materials).

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 #:

P0017 - 01

MECHANIC
SIGNATURE:

[Signature]

DATE:

5/2/19

LOCATION/RM #:

DRM 140

START TIME:

8:45

FINISH TIME:

9:00

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
P0017	8546	3039	263021	GMW	16-116	11486172	PURPOSE HV 2	DRM 140

1 TECH 1 TAG 12

+ECN Tag 2					
CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS	
		YES	NO	(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)	
TO BE PERFORMED AT EACH INSPECTION SERVICE					
1	Check, clean, and/or replace both internal and external filters as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2	Label and Date Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3	Did YELLOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3	Did all High Asset Filters get Changed	<input type="checkbox"/>	<input type="checkbox"/>	Make sure YELLOW Maint Tag is initialed on Asset	
Qty	Size			NOTES/ACTIONS	
				(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)	
2	24x30x2	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct materials) without a work order.					

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:**