

CERTIFICATION OF WORK

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

FACID/Building: PA 017 Date of Visit: 3/21/19

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>TONY LARSEN</u>   | 4. _____ |
| 2. <u>Jim Geertgens</u> | 5. _____ |
| 3. <u>Scott Werry</u>   | 6. _____ |

Work Performed:

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

- |                |       |
|----------------|-------|
| 1. <u>7720</u> | _____ |
| 2. <u>7988</u> | _____ |
| 3. <u>7822</u> | _____ |
| 4. _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 3-21-19

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: Heshi Umar Date: 3/21/19

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 017-01

Date of Visit: 3/21/19

Contractor Personnel on Site:

1. Tony Cozans
2. Jim Geertsen
3. Scott Werry

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

Other Recurring Services

1. 7617
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsen Date: 3-21-19

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: Leshi Luch Date: 3/21/19

Signed: [Signature]

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

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST VEHICLE EXHAUST REMOVAL

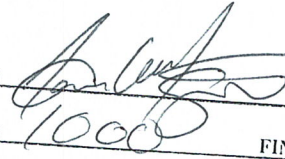
SITE AND BLDG #:

P2017-02

LOCATION/RM #: GMS

WO# 7822

ASSET # 8059

MECHANIC  
SIGNATURE:


DATE: 3/21/18

START TIME:

1000

FINISH TIME:

1030

CHECK POINT	CHECK DESCRIPTION	TASKS COMPLETED		NOTES/ACTIONS (IF TASKS COMPLETED, DESCRIBE TO PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.			
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.		/	
<b>TO BE PERFORMED DATE EACH INSPECTION SERVICE</b>				
1	Start and stop fan with local switch	/		
2	Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings.	/		
3	Inspect, adjust belts and pulleys. Replace belt as needed.	/		
4	Clean dampers; lubricate pivot points (annually) and inspect linkages for tightness.	/		
5	Inspect fan for bent blades, unbalance, excessive noise and vibration.	/	N/A	
6	Clean fan as needed.	/		
7	Visually inspect exhaust system tubing and/or duct work for any damage that could result in leaks.	/		
8	Repair as needed	/		

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 Worker

Additional Notes: