

CERTIFICATION OF WORK

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

FACID/Building: PAC17

Date of Visit: 9/11/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Geertgens
3. Scott Werry

4. _____
5. _____
6. _____

Work Performed:

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

1. 10805
2. 10942
3. 10854
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 9-11-19

Signed: _____

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: Leslie Leach

Date: 9/11/19

Signed: _____

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 Date of Visit: 9/9/19

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- | | | |
|----|--------------|-------|
| 1. | <u>10783</u> | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony LAZARUS Date: 9/9/19
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: [Signature] Leslie Lander Date: 9/11/19
Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST VEHICLE EXHAUST REMOVAL

SITE AND BLDG #:

PP 017-02

LOCATION/RM #:

OMS

WO# 10856

ASSET #

8059

MECHANIC
SIGNATURE:

START TIME:

DATE:

9/11/18

FINISH TIME:

920

ITEM NO.	DESCRIPTION	TO BE COMPLETED		NOTES/ACTIONS (IF TASK COMPLETED 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.			
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.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
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.			
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: