

CERTIFICATION OF WORK

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

FACID/Building: PM 5174  
195

Date of Visit: 6/4/19

Contractor Personnel on Site:

1. Anton Dubovik
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work Performed:**

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

1. Annual Preventive Maintenance full service
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Inspection, Testing, and Certification**

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

**Other Recurring Services**

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

**Service Calls** – Service Call Number and Description

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Over and Above Repair Work – Order Number and Description of Work Completed**

PM 5174 Preventive Maintenance annual full service  
Oil and filter change, Inspection

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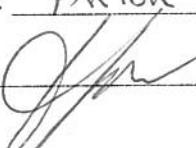
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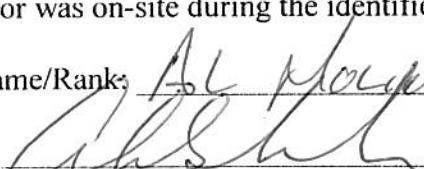
**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Anton Dubovik Date: 6/19/19  
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: Al Morycki Date: 6/20/19  
Signed:   
E-Mail: \_\_\_\_\_





**CUMMINS BRIDGEWAY, LLC**  
**FIELD SERVICE**  
**24 Hour Service**  
**1-800-969-3966**

**Local Branch Contact Information**  
**024 - Altoona**  
**#N/A**  
**#N/A**  
**#N/A**

**EQUIPMENT**  
**PLANNED MAINTENANCE**  
**WO REF#:** **5174**  
**Location:** **024 - Altoona**

**Technician**  
**A.Dubovik**

**NEEDS**  
**OK**      **ATTN**

| <b>(X-NA)</b> |  |
|---------------|--|
| x             |  |
| x             |  |
| x             |  |

**H. GENERATOR OPERATIONS**

1. Start and observe generator and equipment operations
2. Verify engine and generator safeties as applicable

| x  |  |
|----|--|
| x  |  |
| x  |  |
| x  |  |
| x  |  |
| x  |  |
| x  |  |
| na |  |

**I. LUBRICATION OIL AND FILTRATION SERVICE (ITEMS ARE COMPLETED DURING A FULL SERVICE)**

1. Change lube oil
2. Change lube oil filters, apply date and run hours to filter canister
3. Change fuel filters, apply date and run hours to filter canister
4. Inspect fan, water pump, drives and pulleys
5. Inspect serviceable bearings
6. Post Lube service operation of Genset unloaded
7. Optional - Oil Sample for laboratory analysis (if requested, or required due to technician suspicion)

| x  |  |
|----|--|
| x  |  |
| x  |  |
| x  |  |
| x  |  |
| x  |  |
| na |  |

**J. TRANSFER SWITCH/SWITCHGEAR**

1. Visually inspect all power and control wiring
2. Visually inspect switch mechanism and enclosure
3. Visually Inspect controls and time delays settings
4. Check function of Exercise Clock

Current Setting:  Day  Time  without  Load

| x  |  |
|----|--|
| na |  |
| x  |  |
| x  |  |

**K. SYSTEM OPERATIONAL TESTS**

1. System test with load, load test permitted by:
2. Genset test without load, load test not permitted by:
3. Record engine and load data:

3.A Oil Pressure: **44 psi**

3.B Oil Temperature: **202**

3.C Coolant Temp: **189**

3.D Battery Voltage: **26**

3.E Engine Speed: **1800**

3.F Exhaust Temp:

3.G Coolant Press:

3.H LTA Temp:

3.I Genset Voltage: **208**

3.K Current: **0**

3.J Genset Freq/Hz: **60**

3.M Load KW: **0**

3.L Load PF: **.9**

3.N Load KVA:

3.O Load KVAR:

3.P Duration of system test: **30** minutes

If any of the above measurements requested are not applicable, please enter N/A

| x |  |
|---|--|
| x |  |
| x |  |
| x |  |
| x |  |
| x |  |
| x |  |
| x |  |

**L. SITE PRE-DEPARTURE VERIFICATION**

1. All controls and components are left in AUTO/REMOTE
2. All Genset breakers ON/Closed (excepted power operated paralleling breakers)
3. Battery Charger operational/breaker ON
4. Component heaters enabled/breaker ON
5. Site Cleanup
6. Customer has been left a copy of completed PM service report
7. Paperwork completed at the customer's job site at the conclusion of the service event

**Technician Notes, Recommendations, Comments of above noted deficiencies**

Recommend battery replacement at next pm. Unit has leaking water pump, and failed radiator cap. Also recommend cooling system flush.

Date: **6/14/2019**

The above work has been performed.

Total Miles: **46**

Complete:  Yes

Customer: **X** Technician: **X**