

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

FACID/Building: 90020

Date of Visit: 8/15/19

Contractor Personnel on Site:

1. 10222

2. 10398

3. _____

4. _____

5. _____

6. _____

Work Performed:

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

1. Tony Green

2. Jim Geertgen

3. Scott Werry

4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgen

Date: 8-15-19

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: TIMOTHY S PETERS

Date: 15 AUG 19

Signed: _____

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

FACID/Building: PA 020-01 Date of Visit: 8/17/19

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- | | |
|-----------------|-------|
| 1. <u>10356</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Lozano Date: 8/17/19
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: TIMOTHY SPETERS Date: 15 AUG 19
Signed: [Signature]

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST Filter Replacement

SITE AND BLDG #: P 020-41

LOCATION/RM #: Room 5

MECHANIC
SIGNATURE: [Signature]

DATE: 8/15/11

START TIME: 0800

FINISH TIME: 0955

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
Room 6	10222	3146	P63146	York	12415007	NB11500	AIR Handler	Room 6

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
4	Size <u>16x25x1</u>	✓		

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 #:

PA 020-01

LOCATION/RM #:

Room C

MECHANIC
SIGNATURE:

[Signature]

DATE:

8/15/18

START TIME: 0755

FINISH TIME:

1005

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
Room C	16222	3147	163176	YUK	K3815/160	NA140	AIR Handler	Room 6
					A331	6383		

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE / 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
4	Size			
6	20x20x1	✓		

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 #:

P 020-01

LOCATION/RM #:

DRILL Area

MECHANIC
SIGNATURE:

[Signature]

DATE:

2/15/18

START TIME: 10:00

FINISH TIME: 10:15

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
Drill Area	10222	3148	P2316C	GM	LPSB5	0650	AIR HANDLER	DRILL HALL

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
03	Size			
2	24x24x24PL	✓		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. If found exceeding \$250 open a corrective maintenance (CM) ticket and submit for performance.

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 #:

P 020-01

LOCATION/RM #:

DRILL WALL

MECHANIC
SIGNATURE:

[Signature]

DATE: 8/15/18

START TIME: 10:15

FINISH TIME: 10:30

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
DRILL WALL	16000	3149	163196	Green	LFC67	0650	AIR HANDLER	DRILL WALL

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.	✓		
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
0/5	Size			
2	24x24x2 PL	✓		
				</

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: