

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: Pr 020

Date of Visit: 8/15/19

Contractor Personnel on Site:

1. 10222
2. 10388
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

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

1. Tony Green
2. Jim Geerfrey
3. Scott Werry
4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Sig Geerfrey

Date: 8-15-19

Signed: Geerfrey

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: TSP

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

Facility/Building: PA 020-01 Date of Visit: 8/1/19

Contractor Personnel on Site:

1. Tony Lazzaro
2. Jim Gerstge
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

Other Recurring Services

1. 10356
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Tony Lazzaro Date: 8/1/19  
Signed: Tony Lazzaro

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: Timothy S. Peters

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
Filter Replacement

SITE AND BLDG #: P 020 - 01

LOCATION/RM #: Room 6

MECHANIC  
SIGNATURE: 

DATE: 8/15/13

START TIME: 08:00

FINISH TIME: 09:55

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
Room 6	16222	3146	P63146	York	12461007	NB11066	AIR Handler	Room 6

CHECKPOINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE/IS CHECKED AND PROVIDED EXPLANATION)
		YES	NO	
1	Check, clean, and/or replace both internal and external filters as necessary.	—		
2	Label and Date Filter	—		
3	Did YELLOW Maintenance Tag get Initiated	—		
3	Did all High Asset Filters get Changed	—		Make sure YELLOW Maint Tag is initiated on Asset
4	16X25X1	✓		NOTES/ACTIONS (IF TASK COMPLETE/IS CHECKED AND PROVIDED EXPLANATION)

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 620-01

LOCATION/RM #:

Room C

MECHANIC  
SIGNATURE:

DATE:

8/15/19

START TIME: 0755

FINISH TIME: 1005

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
Room C	16222	3147	1231YC	YORK	K3618160	NP150	AIR Handler	Room 6

CHECKPOINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO PROVIDE EXPLANATION)
		YES	NO	
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	✓		Make sure YELLOW Maint Tag is initialed on Asset
3	Did all High Asset Filters get Changed			
6	20X20X1	✓		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO PROVIDE EXPLANATION)

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 #: Pn 020-0

LOCATION/RM #: DRILL LINE

MECHANIC SIGNATURE: *Scallop*

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 Line	10223	3148	PM0111	Greco	LCR65	0650	AIR HANDLER	DRILL HALL
				Hour	FC18	2423		
<u>CHECKPOINT</u>	<u>CHECKPOINT DESCRIPTION</u>					<u>TASK COMPLETED</u>	<u>NOTES / ACTIONS</u>	
						<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	OR TASK COMPLETED FOR PERIOD, NO PROVIDED EXPLANATION
1	Check, clean, and/or replace both internal and external filters as necessary.					<input checked="" type="checkbox"/>		
2	Label and Date Filter					<input checked="" type="checkbox"/>		
3	Did YELLOW Maintenance Tag get Initialed					<input checked="" type="checkbox"/>	Make sure YELLOW Maint Tag is initialed on Asset	
3	Did all High Asset Filters get Changed					<input checked="" type="checkbox"/>		
01						<input checked="" type="checkbox"/>		
2	24X24X2ft					<input checked="" type="checkbox"/>	NOTES / ACTIONS OR TASK COMPLETED FOR PERIOD, NO PROVIDED EXPLANATION	
						<input checked="" type="checkbox"/>		
						<input checked="" type="checkbox"/>		
						<input checked="" type="checkbox"/>		

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 #: Pr 020-0  
Location/RM #: DRILL HALL

MECHANIC SIGNATURE: Scot Miller 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 Room	16222	3149	RE314C	GLEN	LF56R	0636	AIR HANDLER	Drill Room
		3149		1K24	PS15	2433		
CHECKPOINT	CHECKPOINT DESCRIPTION						TO BE PERFORMED AT EACH INSPECTION SERVICE	NOTES/ACTIONS
1	Check, clean, and/or replace both internal and external filters as necessary.						<input checked="" type="checkbox"/>	IF TASK COMPLETELY CHECKED NO PROVIDED EXPLANATION
2	Label and Date Filter						<input checked="" type="checkbox"/>	
3	Did YELLOW Maintenance Tag get Initialed						<input checked="" type="checkbox"/>	Make sure YELLOW Maint Tag is initialed on Asset
3	Did all High Asset Filters get Changed							
2	84X84X2 PL						<input checked="" type="checkbox"/>	NOTES/ACTIONS IF TASK COMPLETELY CHECKED NO PROVIDED EXPLANATION

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:**