

CERTIFICATION OF WORK

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

FACID/Building: PA 020 Date of Visit: 3/21/19

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Tony Lopez</u>   | 4. _____ |
| 2. <u>Jim Geertgen</u> | 5. _____ |
| 3. <u>Scott Werry</u>  | 6. _____ |

Work Performed:

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

- |                |       |
|----------------|-------|
| 1. <u>8036</u> | _____ |
| 2. <u>7811</u> | _____ |
| 3. _____       | _____ |
| 4. _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: J. Geertgen 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: Timothy S Peters Date: 21 MAR 19

Signed: [Signature]

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

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

Facility/Building: Pc 020

Date of Visit: 3/21/19

Contractor Personnel on Site:

1. Tony Green
2. Jim Geertgens
3. Scott Werny

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

Work Performed:

Other Recurring Services

1. 7569
2. \_\_\_\_\_
3. \_\_\_\_\_
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: TIMOTHY SPETERS

Date: 21 MAR 19

Signed: [Signature]

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

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST VEHICLE EXHAUST REMOVAL

SITE AND BLDG #:

PP090-01

LOCATION/RM #:

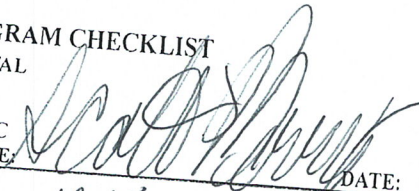
OMS

WO#

7801

ASSET #

8050

MECHANIC  
SIGNATURE


DATE: 3/2/19

START TIME:

10:15

FINISH TIME:

10:45

| ITEM NO.  | DESCRIPTION   | TASKS (COMMITTEE) |    | NOTES/ACTIONS<br>(IF TASKS COMPLETE, CHECKED 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 AT 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.  | ✓                 |    |  |
| 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: