

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

FACID/Building: P1020

Date of Visit: 9/11/19

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Tony Cozumi</u>  | 4. _____ |
| 2. <u>Jim Geertsen</u> | 5. _____ |
| 3. <u>Scott Wang</u>   | 6. _____ |

Work Performed:

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

- |                 |       |
|-----------------|-------|
| 1. <u>10965</u> | _____ |
| 2. <u>10850</u> | _____ |
| 3. _____        | _____ |
| 4. _____        | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Wang

Date: 9/11/19

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: 11 SEP 19

Signed: [Signature]

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

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: 9/11/19

Contractor Personnel on Site:

1. Tony Grans
2. Jim Geertson
3. Scott Wern

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

Work Performed:

Other Recurring Services

1. 10728
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Grans

Date: 9/11/19

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: 11 SEP 19

Signed: [Signature]

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

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST VEHICLE EXHAUST REMOVAL

SITE AND BLDG #:

P 020.02

LOCATION/RM #: GMS

WO# 1086

ASSET #

8050

MECHANIC  
SIGNATURE:

START TIME: 10:00

DATE:

9/11/18

FINISH TIME: 10:15

CHECK POINT	DESCRIPTION	TECHNICIAN		NOTES/ACTIONS (IF BASIC COMPLETION CHECKED, 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.		✓	
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 linkage 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: