

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: 4/24/19

Contractor Personnel on Site:

1. Tony Cozma
2. Jim Beertjes
3. _____

4. _____
5. _____
6. _____

Work Performed:

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

1. 8270
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Cozma

Date: 4/29/19

Signed: TG

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: 24 APR 19

Signed: TSP

E-Mail:

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

FacID/Building: P-02 Date of Visit: 4/15/18

Contractor Personnel on Site:

1. Tony Lazzari
2. Jim Beeftje
3. _____
4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 8347
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Lazzari Date: 4/15/18
Signed: Tony Lazzari

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: 24 APR 18
Signed: Timothy S. Peters
E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
THERMOSTATS

SITE AND BLDG #: *Pl 620-02*LOCATION/RM #: *am1* WO# *827* ASSET # *5468*MECHANIC
SIGNATURE: *[Signature]*DATE: *4/24/18*START TIME: *700*FINISH TIME: *905*

| ITEMS (ONE) | CHECK (NO) / DEFICIENCIES (ONE) | TESTS (ONE) | NOTES / AGENDA | SPECIAL INSTRUCTIONS | | TO BE PERFORMED AT EACH INSPECTION SERVICE |
|----------------|--|-------------|----------------|----------------------|----|--|
| | | | | 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. | | | — | | |
| 3 | If EMS (Energy Management System) exists, run the manufacturers diagnostic software for the wireless system. This diagnostic shall produce a report of all functional aspects of the wireless system indicating faults that should be addressed in this maintenance. | | | — | | |
| 4 | Review all zone set points at the server. | | | — | | |
| 5 | Inspect thermostat installation; ensure mounting is correct, fastened secure and that the thermostat is not blocked by equipment generating heat or furniture blocking air circulation. | | | — | | |
| 6 | Remove thermostat cover and lightly blow away any accumulated dust with canned low pressure air. | | | — | | |
| 7 | Check time-of-day schedule to confirm consistency with facility operation. | | | — | | |
| 8 | Adjust schedule as needed. | | | — | | |
| 9 | If applicable, replace battery 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: HVAC Technician

Additional Notes:

1 *Pl* *Am1 (0)*

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
THERMOSTATS

SITE AND BLDG #: *P0020 702*LOCATION/RM #: *CM1* WO# *822* ASSET # *C28C*MECHANIC
SIGNATURE: *John*DATE: *4/24/18*START TIME: *8:05*FINISH TIME: *9:00*

| CHECKPOINT NUMBER | CHECKPOINT DESCRIPTION | PARKING/COMMITTEE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | NOTES/ACCOMMODATIONS | SPECIAL INSTRUCTIONS | |
|----------------------|--|--|----------------------|--|---|
| | | | | TO BE PERFORMED AT FACILITY INSPECTION SERVICE | TO BE PERFORMED AT FACILITY MAINTENANCE |
| 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 | IF EMS (Energy Management System) exists, run the manufacturers diagnostic software for the wireless system. This diagnostic shall produce a report of all functional aspects of the wireless system indicating faults that should be addressed in this maintenance. | | | | |
| 2 | Review all zone set points at the server. | | | | |
| 3 | Inspect thermostat installation; ensure mounting is correct, fastened secure and that the thermostat is not blocked by equipment generating heat or furniture blocking air circulation. | | | | |
| 4 | Remove thermostat cover and lightly blow away any accumulated dust with canned low pressure air. | | | | |
| 5 | Check time-of-day schedule to confirm consistency with facility operation. Adjust schedule as needed. | | | | |
| 6 | If applicable, replace battery 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: HVAC Technician
 Additional Notes:

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4/24/18