

CERTIFICATION OF WORK

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

FACID/Building: PA 020

Date of Visit: 6/13/19

Contractor Personnel on Site:

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

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>9163</u> | _____ |
| 2. <u>9426</u> | _____ |
| 3. <u>9333</u> | _____ |
| 4. <u>9457</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 6-13-19

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: 13 JUNE 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: Pr 020

Date of Visit: 6/13/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Geertgens
3. Soft Wern

4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 9211
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 6-13-19

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: 13 JUNE 19

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST UNIT HEATER, INFRA-RED, RADIANT, GAS

SITE AND BLDG #: PA 020-02

LOCATION/RM #: 101

WO# 9957

ASSET # 4323

MECHANIC
SIGNATURE: *[Signature]*

DATE: 6/13/18

START TIME: 11:15

FINISH TIME: 11:25

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, 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 to.
- 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 For gas/oil heaters:
 1. Remove access panels if applicable.
 2. Check the fire box liner or refractory for cracks and leaks.
 3. Check all gas lines for leaks. Repair as needed.
- 2 Clean dirt from heater, vaccuming is preferred.
- 3 Check operation of gas valve.
- 4 Check for gas leaks.
- 5 Check operation of thermostat.
- 6 If applicable, replace primary air intake filter.
- 7 As needed, clean spark electrode and reset gap, replace if necessary.
- 8 Inspect flue pipe and connections.
- 9 If applicable, inspect and clean outside air blower and blower intake.
- 10 Inspect unit for proper operation.
- 11 Inspect unit for overall condition and recommend for replacement or other needed repairs.

Note The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For

checks *then* *exchange*