

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: Pr042

Date of Visit: 3-12-19

Contractor Personnel on Site:

1. Tom Greig, S
2. Scott Weller
3. _____

4. _____
5. _____
6. _____

Work Performed:

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

1. 7712
2. 7927
3. 7824
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tom Greig, S

3-12-19

Date: 3-12-19

Signed: Tom Greig, S

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: JAMES JOSEPH SGT Date: 12 MARCH 19

Signed: J. J. James

E-Mail: james.joseph3.mil@mail.mil

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

FacID/Building: Pr 042

Date of Visit: 3-12-19

Contractor Personnel on Site:

1. Jon Bergman
2. Scott Weller
3. _____
4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 7588
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jon Bergman Date: 3-12-19

Signed: Jon Bergman

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: JAMES JOSEPH SGT Date: 12 MAR 19

Signed: James Joseph

E-Mail: James.t.joseph3.mil1@mu1.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
VEHICLE EXHAUST REMOVAL

SITE AND BLDG #: *Po 042-2*LOCATION/RM #: *0M1* WO# *7829* ASSET # *8060*MECHANIC
SIGNATURE: *Mark H. Miller*DATE: *3/12/19*START TIME: *11:30*FINISH TIME: *12:00*

ITEM	DESCRIPTION	TASK COMPLETED	NOTES/ACTUATIONS	
			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.	<input checked="" type="checkbox"/>		
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.	<input checked="" type="checkbox"/>		
			TO BE PERFORMED DATES EACH INSPECTION SERVICE	
1	Start and stop fan with local switch	<input checked="" type="checkbox"/>	<i>SEALED BEARINGS</i>	
2	Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings.	<input checked="" type="checkbox"/>		
3	Inspect, adjust belts and pulleys. Replace belt as needed.	<input checked="" type="checkbox"/>		
4	Clean dampers; lubricate pivot points (annually) and inspect linkages for tightness.	<input checked="" type="checkbox"/>		
5	Inspect fan for bent blades, unbalance, excessive noise and vibration.	<input checked="" type="checkbox"/>		
6	Clean fan as needed.	<input checked="" type="checkbox"/>		
7	Visually inspect exhaust system tubing and/or duct work for any damage that could result in leaks.	<input checked="" type="checkbox"/>		
8	Repair as needed	<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: General Maintenance Worker

Additional Notes:

1 PZ