

### CERTIFICATION OF WORK

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

FACID/Building: PA042

Date of Visit: 6/11/19

Contractor Personnel on Site:

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

Work Performed:

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

- |                |             |
|----------------|-------------|
| 1. <u>9109</u> | <u>9340</u> |
| 2. <u>9289</u> | <u>9455</u> |
| 3. <u>9418</u> | _____       |
| 4. <u>9195</u> | _____       |

### CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gault Date: 6-11-19

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: SGT JOSEPH, JAMES Date: 11/11/19

Signed: [Signature]

E-Mail: james.k.joseph3-mil@marl.mil

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

FACID/Building: P092-01

Date of Visit: 6/11/19

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Tony Gomez</u>   | 4. _____ |
| 2. <u>Jim Geertman</u> | 5. _____ |
| 3. <u>Scott Wray</u>   | 6. _____ |

Work Performed:

Other Recurring Services

- |                |       |
|----------------|-------|
| 1. <u>9225</u> | _____ |
| 2. _____       | _____ |
| 3. _____       | _____ |
| 4. _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertman

Date: 6-11-19

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: SLT JOSEPH, JAMES I

Date: 11/11/19

Signed: [Signature]

E-Mail: James.f.joseph3.mil@mail.mil

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST EXHAUST FANS

SITE AND BLDG #:

Pr 002-02

MECHANIC  
SIGNATURE:


DATE:

2/11/13

LOCATION/RM #:

OM

WO#

9148

ASSET #

3282

START TIME:

1200

FINISH TIME:

1210

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	Schedule shutdown with operating personnel, as needed.			
3	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	Clean unit, especially fan blades.			
2	Inspect pulleys, belts, couplings, etc.; adjust tension and tighten mountings as necessary. Change badly worn belts. Multiple belts should be replaced with matched sets.			
3	Perform required lubrication and remove old or excess lubricant.			
4	Clean motor with vacuum or low pressure dry air (less than 40 psig). Check for obstructions in motor cooling and air flow.			
5	Check structural members, vibration eliminators, and flexible connections. Check fan housing to ensure there is no damage and the housing is tight.			
6	Start unit and check for vibration and noise.			
7	Remove all trash and debris.			

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

BK