

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

FACID/Building: Provo

Date of Visit: 5/8/19

Contractor Personnel on Site:

1. <u>Tony Gazzola</u>	4. <u>Gary Batreel</u>
2. <u>Jim Geertjes</u>	5. _____
3. <u>Scott Wren</u>	6. _____

Work Performed:

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

1. <u>8523</u>	<u>8676</u>
2. <u>8616</u>	<u>8736</u>
3. <u>8784</u>	
4. <u>8546</u>	

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Impredigens

Date: 5-8-19

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: Steven Davis G509 Date: 70190508

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: P1 080

Date of Visit: 5/8/19

Contractor Personnel on Site:

1. Tony Lazaros
2. Jim Gerevens
3. Scott (W)

4. Greg Bartz
5. _____
6. _____

Work Performed:

Other Recurring Services

1. G596
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

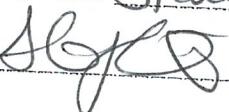
Print Name: Jim Gerevens Date: 5-8-19

Signed: 

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: Steven J Davis G589 Date: 2019-05-08

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: Pp 050 -01

LOCATION/RM #: Duct 16a

MECHANIC
SIGNATURE:

DATE: 5/8/19

START TIME:

8:30

FINISH TIME: 9:00

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
16a	8523	3157	16a				16a	16a

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE/unchecked NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace both internal and external filters as necessary.	/		
2	Label and Date Filter	/		
3	Did YELLOW Maintenance Tag get Initialed	/		
3	Did all High Asset Filters get Changed	/		Make sure YELLOW Maint Tag is initialed on Asset
Qty	Size			NOTES/ACTIONS (IF TASK COMPLETE/unchecked NO, PROVIDE EXPLANATION)
6	25 x 20 x 2			
2	16 x 20 x 2			

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: GMW **Additional Notes:**

X/0 Manufactured, model # or serial # visible

BK

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: Pn 050-01

LOCATION/RM #: 11C

MECHANIC SIGNATURE:

DATE: 8/8/18

START TIME: 830

FINISH TIME: 845

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
Pn 050	8523	3158	PC3157	MC6B3X	W1600	H811	RHU - 2	89621

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
1	Check, clean, and/or replace both internal and external filters as necessary.	/		
2	Label and Date Filter	/		
3	Did YELLOW Maintenance Tag get Initialed	/		
3	Did all High Asset Filters get Changed	/		Make sure YELLOW Maint Tag is initialed on Asset
QTY	SIZE			NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
1	1T X20X1			

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: GMW **Additional Notes:**

BK