

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: Impredix Inc.

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:

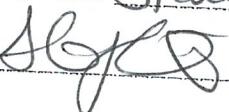
Print Name: Jim Gerevens Date: 5-8-19

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:

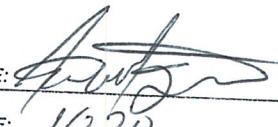
Print Name/Rank: Steven J Davis G589 Date: 2019-05-08

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: Pr 050-02
LOCATION/RM #: OMS

MECHANIC SIGNATURE: 

DATE: 5/18/18

START TIME: 1020

FINISH TIME: 1030

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
Pr 050	8540	3411	Fe3411	1014K	Dixons	3411	Furnace	OMS

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
Oly	Size			NOTES/ACTIONS (IF TASK COMPLETE/unchecked NO, PROVIDE EXPLANATION)
1	20x20x1			

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:**

11C Furnace

BK