

CERTIFICATION OF WORK

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

FACID/Building: PGS-01

Date of Visit: 5/9/19

Contractor Personnel on Site:

- | | |
|-------------------------|------------------------|
| 1. <u>Tony Lopez</u> | 4. <u>Gary Beitzel</u> |
| 2. <u>Jim Greenberg</u> | 5. _____ |
| 3. <u>Scott Wern</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>8671</u> | _____ |
| 2. <u>8749</u> | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Greenberg Date: 5-9-19

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: Swartz, Lucas SPC Date: 7 May 2019

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: PP 051 - 01 Date of Visit: 5/9/19

Contractor Personnel on Site:

- | | |
|-------------------------|-----------------------|
| 1. <u>Tony Carraway</u> | 4. <u>Gary Betzel</u> |
| 2. <u>Jim Geertsen</u> | 5. _____ |
| 3. <u>Scott Wray</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>8561</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsen Date: 5-9-19
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: Swartz, Lucas SFC Date: 9 May 2019

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: *Pa 051-01*
LOCATION/RM #: *Lower Boiler Room 8671*
WO# *8671*

ASSET # *7038*

MECHANIC SIGNATURE: *Mary Butte*
START TIME: *8:00*

DATE: *5/8/18*
FINISH TIME: *8:30*

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		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.		<input checked="" type="checkbox"/>	
2	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal		<input checked="" type="checkbox"/>	
3	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.		<input checked="" type="checkbox"/>	
4	Do not allow any open flames around equipment.		<input checked="" type="checkbox"/>	
1	Attach drain hose. Drain several gallons from tank to remove		<input checked="" type="checkbox"/>	
2	Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge.		<input checked="" type="checkbox"/>	
3	Check all connections - electric, gas and water. Tighten as necessary.		<input checked="" type="checkbox"/>	
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at		<input checked="" type="checkbox"/>	
5	Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.		<input checked="" type="checkbox"/>	
6	Clean sight glasses on tanks.		<input checked="" type="checkbox"/>	
7	Clean strainer, check condition of traps. Report and repair leaks.		<input checked="" type="checkbox"/>	
8	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.		<input checked="" type="checkbox"/>	

K00-048CMI Management Inc.

- If applicable, Remove and inspect Anode, replace if necessary
- Clean up work area and remove trash.

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 discription of the deficiency. To be performed by: General Maintenance Worker

Additional Notes:

98 *Gorillas*

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST TIME CLOCK, LIGHTING

SITE AND BLDG #:

P-051 - 01

MECHANIC
SIGNATURE:


DATE:

5/18/18

LOCATION/RM #:

1191

WO# 9071

ASSET #

7332

START TIME:

800

FINISH TIME:

810

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 Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.

- 2 Check physical connections.

- 3 Verify the timeclock configuration, ensure proper operation.

- 4 If applicable, check battery and replace as needed.

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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

Phil Eye Controller

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST TIME CLOCK, LIGHTING

SITE AND BLDG #:

P1 051-01

MECHANIC
SIGNATURE:


DATE:

5/8/18

LOCATION/RM #:

210A

WO#

8671

ASSET #

7337

START TIME:

0815

FINISH TIME:

0825

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		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 Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.

✓

2 Check physical connections.

✓

3 Verify the timeclock configuration, ensure proper operation.

✓

4 If applicable, check battery and replace as needed.

✓

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: