

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

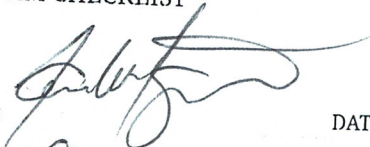
Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DEHUMIDIFIER

SITE AND BLDG #:

P2 051 - 01

MECHANIC
SIGNATURE:


DATE:

5/2/19

LOCATION/RM #:

HMS
Vocery

WO#

8749

ASSET #

5028

START TIME:

9:00

FINISH TIME:

9:15

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.		—	
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	Check water inlet and outlet for any leaks, repair as needed.	—		
2	Clean and/or replace filter as needed.		N/A	
3	If applicable, check hours per usage, replace tanks's 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: