

CERTIFICATION OF WORK

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

FACID/Building: P2051 - 194

Date of Visit: 3/13/19

Contractor Personnel on Site:

1. Tony Lozano
2. Jim Geertsen
3. Scott Werry

4. _____
5. _____
6. _____

Work Performed:

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

1. 7496
2. 7769
3. 8013
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsen

Date: 3-13-19

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: SSgt Velton Hanks

Date: 3-13-19

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: P. 051 -184

Date of Visit: 3/13/19

Contractor Personnel on Site:

1. Tony Lanza
2. Jim Geertgens
3. Scott Werry

4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 7533
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 3-13-19

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: Ssgt Veltan Hanks

Date: 3-13-19

Signed: Veltan Hanks

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GREASE TRAP

SITE AND BLDG #:

P2051-184

MECHANIC

SIGNATURE:

DATE:

3/13/19

LOCATION/RM #:

Kitchen

WO#

7769

ASSET #

7495

START TIME:

8:15

FINISH TIME:

8:30

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---------------|----|--|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 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. | | / | |
| 3 | Insure proper grease disposal. | | / | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Do not use enzymes, acids, caustics, solvents or emulsifying products when cleaning or maintaining the grease traps. | / | | |
| 2 | Remove lid. If the trap is equipped with removable baffles, remove them. | / | | |
| 3 | Make sure the flow restrictor on the inflow pipe is present. | / | | |
| 4 | If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation. | / | | |
| 5 | Replace lid and baffles. | / | | |
| 6 | Return (or fill) water to grease trap | / | | |
| 7 | Record grease trap maintenance activities on your log or request a receipt from your grease hauler. Keep records for 3 years. | / | | |

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 discription of the deficiency.

To be performed by: General Maintenance Technician

Additional Notes:

Needs cleaned out