

CERTIFICATION OF WORK

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

FACID/Building: PROS 01

Date of Visit: 3/14/19

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Tony Lanza</u>    | 4. _____ |
| 2. <u>Jim Geertgens</u> | 5. _____ |
| 3. <u>Scott Werry</u>   | 6. _____ |

Work Performed:

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

- |                |       |
|----------------|-------|
| 1. <u>7489</u> | _____ |
| 2. <u>7773</u> | _____ |
| 3. <u>8025</u> | _____ |
| 4. _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 3-14-19

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: Jody Berry / SGT

Date: 20190314

Signed: Jody Berry

E-Mail:

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

FACID/Building: Prose-01

Date of Visit: 3/14/19

Contractor Personnel on Site:

- |    |                      |    |       |
|----|----------------------|----|-------|
| 1. | <u>Tony Cizew</u>    | 4. | _____ |
| 2. | <u>Jim Geertgens</u> | 5. | _____ |
| 3. | <u>Scott Warr</u>    | 6. | _____ |

Work Performed:

Other Recurring Services

- |    |             |       |
|----|-------------|-------|
| 1. | <u>7588</u> | _____ |
| 2. | _____       | _____ |
| 3. | _____       | _____ |
| 4. | _____       | _____ |

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 3-14-19

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: Jody Berry

Date: 20190314

Signed: [Signature]

E-Mail: \_\_\_\_\_

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST TANKS, WATER STORAGE

SITE AND BLDG #:

P-052-01

MECHANIC  
SIGNATURE:

Tge

DATE:

3/14/19

LOCATION/RM #:

WO# 7489

ASSET # 6778

START TIME:

FINISH TIME:

CHECK POINT	CHECK/REQUIRED DESCRIPTION	TANK CONDITION		NOTES/ACTIONS (If a deficiency is identified, provide a description)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.			
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Examine exterior of tank including fittings, manholes, and handholes for leaks, signs of corrosion, and correct as indicated.			
2	Inspect structural supports and repair or replace damaged insulation or covering. If insulation contains asbestos and is damaged or eroded, it is considered a hazardous waste.			
3	Clean, test and inspect sight glasses, valves, fittings, drains, and controls.			
4	Clean up work site.			

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: General Maintenance Worker

Additional Notes:

Under Ground  
Fuel oil Storage tank  
No Corrosion Here Has  
Been Removed