

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: Pa 853

Date of Visit: 3/14/19

Contractor Personnel on Site:

1. Tony Lazarus
2. John Geertzen
3. Scott Werry

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

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

1. 7746
2. 7869
3. \_\_\_\_\_
4. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: John Geertzen Date: 3-14-19

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: MAJ Bruce Jordan Date: 3/14/19

Signed: 

E-Mail:

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

FacID/Building: 1053 -91 Date of Visit: 3/14/19

Contractor Personnel on Site:

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

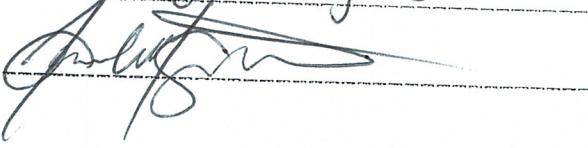
Work Performed:

Other Recurring Services

- |    |             |
|----|-------------|
| 1. | <u>7582</u> |
| 2. |             |
| 3. |             |
| 4. |             |

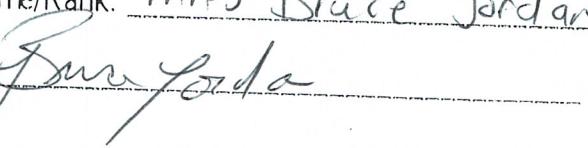
**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 3-14-19  
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: MAJ Bruce Jordan Date: 3/14/19  
Signed:   
E-Mail:

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**GREASE TRAP**

SITE AND BLDG #: PA 053-A

LOCATION/RM #: Kitch WO# 7746 ASSET # 7482

MECHANIC  
SIGNATURE:

DATE: 3/14/18

START TIME:

8:45

FINISH TIME: 9:00

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.		/	
3	Insure proper grease disposal.		/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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 description of the deficiency.

To be performed by: General Maintenance Technician

Additional Notes: