

CERTIFICATION OF WORK

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

FACID/Building: P-053-01, 02 Date of Visit: 5/13/19

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Scott WERRY</u>  | 4. _____ |
| 2. <u>GARY Beitzel</u> | 5. _____ |
| 3. _____               | 6. _____ |

Work Performed:

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

- |  |  |
|--|--|
| 1. <u>6820, 6899, 7346, 5042, 3412</u> |  |
| 2. _____                               |  |
| 3. <u>W01# 8635, 8785, 8274</u>        |  |
| 4. _____                               |  |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott WERRY Date: 5/13/19  
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: CIV Anita Moore Date: 20190513

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: PA053-01

Date of Visit: 5/13/19

Contractor Personnel on Site:

1. Scott Werry  
2. GARY Beitzel  
3. \_\_\_\_\_

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

Work Performed:

Other Recurring Services

1. 7438 was 8578  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry

Date: 5/13/19

Signed: Scott Werry

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: Cir Anita Moore

Date: 20190513

Signed: Anita Moore

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

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST  
DEHUMIDIFIER

SITE AND BLDG #: PA053-01

MECHANIC SIGNATURE: Gary Beitz

DATE: 5/13/19

LOCATION/RM #:

WO# 8785

ASSET # 5042

START TIME:

FINISH TIME:

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.			
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.			
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:

No Entry