

CERTIFICATION OF WORK

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

FACID/Building: PA 055

Date of Visit: 3/29/19

Contractor Personnel on Site:

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

Work Performed:

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

- | | |
|----------------|-------------|
| 1. <u>7691</u> | <u>7892</u> |
| 2. <u>7777</u> | _____ |
| 3. <u>7913</u> | _____ |
| 4. <u>7831</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsen Date: 3-29-18

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: JIMMY SPETERS Date: 29 MAR 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: Pr 085 - 01 Date of Visit: 3/29/19

Contractor Personnel on Site:

- | | | | |
|----|---------------------|----|-------|
| 1. | <u>Tony Luzzini</u> | 4. | _____ |
| 2. | <u>Jim Geertsen</u> | 5. | _____ |
| 3. | <u>Sal Warner</u> | 6. | _____ |

Work Performed:

Other Recurring Services

- | | | |
|----|-------------|--|
| 1. | <u>7560</u> | |
| 2. | _____ | |
| 3. | _____ | |
| 4. | _____ | |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsen Date: 3-29-18

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: TIMOTHY S PETERS Date: 29 MAR 19

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GREASE TRAP

SITE AND BLDG #:

Pa 055-01

MECHANIC

SIGNATURE:

DATE: 3/28/19

LOCATION/RM #: K111

WO# 7777

ASSET # 7458

START TIME: 1300

FINISH TIME: 1415

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE AS 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				
	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: