

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: Prost

Date of Visit: 8-12-19

Contractor Personnel on Site:

1. Tim Geelgans
2. Scott Welby
3. \_\_\_\_\_

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

Work Performed:

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

1. 10212
2. 10422
3. 10252
4. 10450

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tim Geelgans Date: 8-12-19

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: JAMES S PETERS Date: 12 Aug 19

Signed: 

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

FacID/Building: Pa 055 - 01 Date of Visit: 8-12-19

Contractor Personnel on Site:

1. Tim Geerlings
2. Scott Weller
3. \_\_\_\_\_

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

Work Performed:

Other Recurring Services

1. 10352
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Tim Geerlings Date: 8-12-19  
Signed: Tim Geerlings

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: 12 AUG 19  
Signed: Timothy S Peters  
E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
Filter Replacement

SITE AND BLDG #: PA 055

LOCATION/RM #: 055 S101

MECHANIC SIGNATURE:

DATE: 8/12/19

START TIME: 8:30

FINISH TIME: 8:45

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
055 S101	10212	3108	PG3108	1000	MYCH570	R95510	PAH	055 S101

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETED		NOTES/ACTIONS (IF TASK COMPLETED/checked NO provide explanation)
		YES	NO	
1	Check, clean, and/or replace both internal and external filters as necessary.	✓		
2	Label and Date Filter	✓		
3	Did YELLOW Maintenance Tag get Initialed	✓		Make sure YELLOW Maint Tag is initialed on Asset
3	Did all High Asset Filters get Changed			

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: GMW Additional Notes:

BK

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
*Filter Replacement*

SITE AND BLDG #: PA 055 - 0

LOCATION/RM #: OUTSIDE

MECHANIC SIGNATURE:

DATE:

START TIME: 8:45

FINISH TIME: 9:00

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
OUTSIDE	10213	3417	PA3108	THOMCO			MU1	OUTSIDE

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED, NO PROVIDED EXPLANATION)
		YES	NO	
1	Check, clean, and/or replace both internal and external filters as necessary.	✓		
2	Label and Date Filter	✓		
3	Did YELLOW Maintenance Tag get Initiated	✓		Make sure YELLOW Maint Tag is initiated on Asset
3	Did all High Asset Filters get Changed			
04	SP100			

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: GMW **Additional Notes:**

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**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
Filter Replacement

SITE AND BLDG #: *Pr 555-01*

LOCATION/RM #: *Boiler Room*

MECHANIC  
SIGNATURE: *John M. Dwyer*

DATE: *8/12/19*

START TIME: *9:00*

FINISH TIME: *9:15*

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
<i>Boiler Room</i>	<i>10212</i>	<i>3421</i>	<i>F63005</i>	<i>Thru</i>			<i>MUA 2</i>	<i>Boiler Room</i>

CHECKPOINT POINT	CHECKPOINT DESCRIPTION	TASK COMPLETED		NOTES/ACTIONS (IF TASK COMPLETED, CHECK BOX AND PROVIDE EXPLANATION)
		YES	NO	
1	Check, clean, and/or replace both internal and external filters as necessary.	<input checked="" type="checkbox"/>		
2	Label and Date Filter	<input checked="" type="checkbox"/>		
3	Did YELLOW Maintenance Tag get Initiated	<input checked="" type="checkbox"/>		
3	Did all High Asset Filters get Changed	<input checked="" type="checkbox"/>		Make sure YELLOW Maint Tag is initiated on Asset
4	<i>20X20X2</i>			

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: GMW Additional Notes:

*BK*