

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

FACID/Building: Pross

Date of Visit: 9/12/19

Contractor Personnel on Site:

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

Work Performed:

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

- | | |
|-----------------|--------------|
| 1. <u>10791</u> | <u>10893</u> |
| 2. <u>10833</u> | _____ |
| 3. <u>10984</u> | _____ |
| 4. <u>10861</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gaulton

Date: 9-12-19

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: TIMOTHY S PETERS

Date: 12 SEP 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: P 058

Date of Visit: 9/12/19

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- | | |
|-----------------|-------|
| 1. <u>10729</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Luzzo

Date: 9/12/19

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: TIMOTHY S PETERS

Date: 12 SEP 19

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GREASE TRAP

SITE AND BLDG #:

PAGST-01

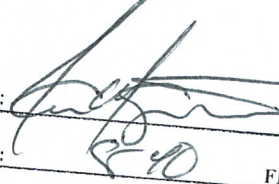
LOCATION/RM #:

K166

WO# 10833

ASSET #

7478

MECHANIC
SIGNATURE:


DATE:

9/12/19

START TIME:

8:40

FINISH TIME:

8:45

ITEM #	DESCRIPTION	PASS/COMPLETE		INCOMPLETES/EXCEPTIONS (IF PASS/COMPLETE IS CHECKED, NO EXCEPTIONS)
		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.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
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 discription of the deficiency.

To be performed by: General Maintenance Technician

Additional Notes:

BC