

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: Pr 055 Date of Visit: 6/27/19

Contractor Personnel on Site:

1. Tony Peters
2. Jim Geertgens
3. Scott Wenz
4. _____
5. _____
6. _____

Work Performed:

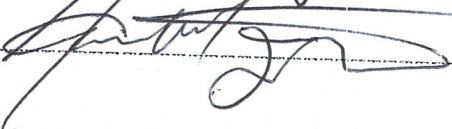
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. <u>9147</u>	<u>9156</u>
2. <u>9279</u>	<u>9394</u>
3. <u>9316</u>	<u>9390</u>
4. <u>9439</u>	

CERTIFICATION OF WORK

To be signed by the Contractor:

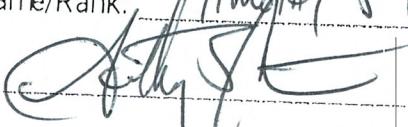
Print Name: Jim Geertgens Date: 6-27-19

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: 27 JUN 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: Pr055 Date of Visit: 6/27/19

Contractor Personnel on Site:

1. Tony Grgas
2. Jon Grgas
3. Scott Wern
4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 9207
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jon Grgas Date: 6-27-19

Signed: Jon Grgas

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 SPETERS Date: 27 Jun 19

Signed: Timothy SPETERS

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
CIRCULATING AND BOOSTER PUMPS

SITE AND BLDG #: *Ph 055-01*LOCATION/RM #: *Beiker 7001* WO# *9074* ASSET # *4684*MECHANIC
SIGNATURE: *John*DATE: *6/27/18*START TIME: *900*FINISH TIME: *900*

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETED		NOTES/ACTIONS (IF TASK COMPLETED 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 to.		/	
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	It is generally not a good idea to tamper with pumps using mechanical seals if they are otherwise performing properly. Since mechanical seals can cost as much as the pump, it is usually not cost effective to risk damaging the seal by performing an annual internal inspection of the pump.	/		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Lubricate pump and motor bearings as per manufacturer's specifications. Bearings require lubrication atleast annually.		/A	
2	Inspect couplings and check for any pump seal leaks.	/		
3	Check motor mounts and vibration pads	/		
4	Tighten all pump flanges.	/		
5	Visually check pump alignment and coupling		/A	
6	Inspect electrical connections	/		

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 Worker

Additional Notes:

Pump Bad
getting Replaced per Tim