

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 Lenzus</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 Osr - 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 VEHICLE EXHAUST REMOVAL

SITE AND BLDG #:

P 055 - 02

LOCATION/RM #:

0ms

WO# 7831

ASSET #

8065

MECHANIC  
SIGNATURE:

START TIME:

DATE: 3/25/19

FINISH TIME: 200

ITEM NO.	DESCRIPTION	TASKS COMPLETED		NOTES/ACTIONS (if tasks completed, enter date of completion)
		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.			
TO BE PERFORMED DATE: / /				
3	Start and stop fan with local switch			
4	Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings.			
5	Inspect, adjust belts and pulleys. Replace belt as needed.			
6	Clean dampers; lubricate pivot points (annually) and inspect linkages for tightness.			
7	Inspect fan for bent blades, unbalance, excessive noise and vibration.			
8	Clean fan as needed.			
9	Visually inspect exhaust system tubing and/or duct work for any damage that could result in leaks.			
10	Repair 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 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:

1 Pc