

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

FACID/Building: Pross Date of Visit: 8-12-19

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Jim Gedeon</u> | 4. _____ |
| 2. <u>Scott Wiley</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | | |
|-----------------|-------|
| 1. <u>10012</u> | _____ |
| 2. <u>10422</u> | _____ |
| 3. <u>10252</u> | _____ |
| 4. <u>10450</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gedeon Date: 8-12-19

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 Aug 19

Signed: [Signature]

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

Facility/Building: PO 055 - 01

Date of Visit: 8-12-19

Contractor Personnel on Site:

1. Jim Geertgens
2. Scott Werry
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: Jim Geertgens

Date: 8-12-19

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 AUG 19

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST Filter Replacement

SITE AND BLDG #:

Pc 055-02

LOCATION/RM #:

005

MECHANIC
SIGNATURE:

Scott Murphy

DATE: 8/16/19

START TIME:

9:15

FINISH TIME:

9:30

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
005	16252	3443	783493				1 R Frame	005

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE/CHECKED BY, 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	✓		
3	Did all High Asset Filters get Changed	✓		Make sure YELLOW Maint Tag is initialed on Asset
GMV	Size			

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