

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 #: *Pr 055-02*
LOCATION/RM #: *001*

MECHANIC SIGNATURE: *Scott M. Murphy* **DATE:** *8/12/19*
START TIME: *9:15* **FINISH TIME:** *9:30*

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
001	16252	3443	F83443				1 R Forre	001

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETELY CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
1	TO BE PERFORMED AT EACH INSPECTION SERVICE Check, clean, and/or replace both internal and external filters as necessary.			
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
001	SIZZ			NOTES/ACTIONS (IF TASK COMPLETELY CHECKED NO, PROVIDE EXPLANATION)

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:**

HK