

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:

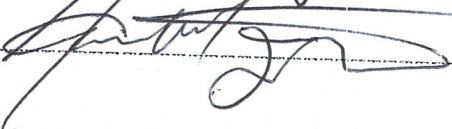
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

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:

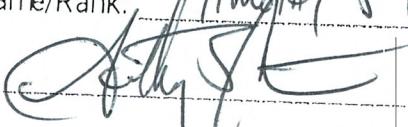
Print Name: Jim Geertgens Date: 6-27-19

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
VACUUM PUMP

ACTIVITY AND BLDG #: PA Q55-02LOCATION: OMS West 815L 155th & 2876MECHANIC
SIGNATURE: DATE: 6/21/11START TIME: 1200FINISH TIME: 1205

CHECKPOINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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	Read and understand manufacturer's instructions of each device before making adjustments to the device or to the system PRIOR to making any changes.		/	
3	Schedule service outages for the areas controlled by the field panel.	/		
4	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 AT EACH INSPECTION SERVICE				
1	Drain oil from reservoir if applicable. Place oil in a proper receptacle for oil disposal.		/	
2	Remove oil filter and replace, if applicable.		/	
3	Remove oil sight glass and clean as needed.		/	
4	Fill with the appropriate type and amount of oil if applicable. Refer to manufacturer's specifications for the equipment.		/	
5	Remove the exhaust filter and replace.		/	
6	Check the exhaust chamber and oil return line for clogging. Clean if needed.		/	
7	Inspect the exhaust chamber for excess oil. Wipe out if needed.		/	
8	Inspect the vacuum inlet filter.		/	
9	Wipe out the interior of the filter housing.		/	
10	Wipe exterior surfaces of the pump free of debris and oil.		/	
11	Remove and clean the vacuum diverter valve. Replace with new if needed.		/	
12	If applicable, check the drive belt for cracks fraying and stretching. Replace if worn.		/	

Note: The Contractor shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence.

Checklist compiled in accordance with:

- General Services Administration (GSA) Public Building Service. 2012. *Public Buildings Maintenance Standards Final*. October 1.- Original equipment manufacturers (OEM) documentation for exact or similar assets, which can be located at ([Provide Link to OEM Manual/Asset Library](#))

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EXHAUST FANS

SITE AND BLDG #: *P1* 058-08
 LOCATION/RM #: *602* WO# *2056* ASSET # *3544*

MECHANIC
 SIGNATURE: *Anton*

DATE: *6/21/13*
 FINISH TIME: *1230*

START TIME: *1215*

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE 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	Schedule shutdown with operating personnel, as needed.		/	
3	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.		/	
1	Clean unit, especially fan blades.	/		
2	Inspect pulleys, belts, couplings, etc.; adjust tension and tighten mountings as necessary. Change badly worn belts. Multiple belts should be replaced with matched sets.	/		
3	Perform required lubrication and remove old or excess lubricant.	/		
4	Clean motor with vacuum or low pressure dry air (less than 40 psig). Check for obstructions in motor cooling and air flow.	/		
5	Check structural members, vibration eliminators, and flexible connections. Check fan housing to ensure there is no damage and the housing is tight.	/		
6	Start unit and check for vibration and noise.	/		
7	Remove all trash and debris.	/		

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For 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:

T *PC*