

CERTIFICATION OF WORK

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

FACID/Building: P-055

Date of Visit: 6/27/19

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Tony Lopez</u> | 4. _____ |
| 2. <u>Jim Gentry</u> | 5. _____ |
| 3. <u>Scott Werry</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------------|
| 1. <u>9147</u> | <u>9156</u> |
| 2. <u>9274</u> | <u>9344</u> |
| 3. <u>9316</u> | <u>9390</u> |
| 4. <u>9439</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: 27 JUN 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: P1055 Date of Visit: 6/27/19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Tony Lazans</u> | 4. _____ |
| 2. <u>Don Geertgens</u> | 5. _____ |
| 3. <u>Scott Werry</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>9207</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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 SPETERS Date: 27 Jun 19

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST VEHICLE EXHAUST REMOVAL

SITE AND BLDG #: PA 655 102LOCATION/RM #: QMSWO# 7399ASSET # 8861MECHANIC
SIGNATURE: [Signature]DATE: 6/27/19START TIME: 1230FINISH TIME: 1240

ITEM NO.	FUNCTION/DESCRIPTION	TWO IS WORKING		NOTES/ACTIONS
		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.			
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 AT EACH INSPECTION SERVICE				
1	Start and stop fan with local switch	✓		
2	Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings.	✓		
3	Inspect, adjust belts and pulleys. Replace belt as needed.	✓		
4	Clean dampers; lubricate pivot points (annually) and inspect linkages for tightness.	✓		
5	Inspect fan for bent blades, unbalance, excessive noise and vibration.	✓		
6	Clean fan as needed.	✓		
7	Visually inspect exhaust system tubing and/or duct work for any damage that could result in leaks.	✓		
8	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: