

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: Pa 067

Date of Visit: 8/26/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Scott Werry
3. Jim Goertzen

- 4.
- 5.
- 6.

Work Performed:

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

1. 10290
2. 10483
3. 10249
4. 10463

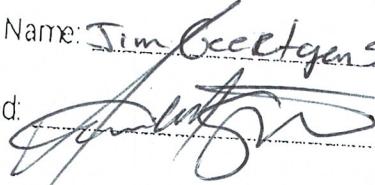
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Goertzen

Date: 8-26-19

Signed:



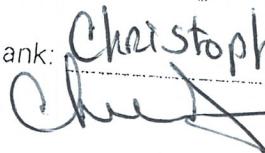
To be signed by Facility Manager:

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: Christopher Zeeb Q509

Date: 20190826

Signed:



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

FacID/Building: La 061-01 Date of Visit: 8/26/18

Contractor Personnel on Site:

1. Tony Lizaru
2. J.M Goertzen
3. Scott Berry
4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 103rf
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Lizaru Date: 8/26/18
Signed: Tony Lizaru

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: Christopher Zure 6509 Date: 20190826
Signed: Christopher Zure
E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: Pr 067 ~G1

LOCATION/RM #: Dree line

MECHANIC
SIGNATURE: *John M. Kelly*

DATE: 8/6/15

START TIME: 10:00

FINISH TIME: 10:15

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
Prue line	1029	3442	PG 4619	11nm	6CM6 ⁸	6010	48046	FOR 800

CHECK POINT	CHECKPOINT DESCRIPTION	TO BE PERFORMED AT EACH INSPECTION SERVICE		NOTES/ACTIONS (IF TASK COMPLETE, INDICATE TO 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	✓		Make sure YELLOW Maint Tag is initialed on Asset
3	Did all High Asset Filters get Changed			
4	20X20X2" PLE			
8	16X20X2" PLE			

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:**

BL

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: *P0079 61*
 LOCATION/RM #: *Class Room*

MECHANIC
 SIGNATURE: *[Signature]* DATE: *8/26/18*
 START TIME: *1030* FINISH TIME: *1130*

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
<i>Class Room</i>	<i>18020</i>	<i>4674</i>	<i>K64671</i>				<i>PTAC</i>	<i>Class Room</i>

CHECK POINT	CHECKPOINT DESCRIPTION	TASK (COMPLETE)		NOTES/ACTIONS (IF TASK COMPLETE/NOT CHECKED/NOT PROVIDED EXPLANATION)
		YES	NO	
1	Check, clean, and/or replace both internal and external filters as necessary.	<input checked="" type="checkbox"/>		
2	Label and Date Filter	<input checked="" type="checkbox"/>		
3	Did YELLOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>		Make sure YELLOW Maint Tag is initialed on Asset
3	Did all High Asset Filters get Changed	<input checked="" type="checkbox"/>		
4.5	<i>PTAC</i>			
	<i>was filter</i>			

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:

20 Piece PTAC b/c
1-16 20-23