

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: 5/31/19

Contractor Personnel on Site:

1.	<u>Tony</u>	<u>Graziano</u>	4.
2.	<u>Jim</u>	<u>Gardiner</u>	5.
3.	<u>Scott</u>	<u>Berry</u>	6.

Work Performed:

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

1.	<u>8509</u>	<u>8666</u>
2.	<u>8638</u>	<u>8742</u>
3.	<u>8718</u>	
4.	<u>8547</u>	

CERTIFICATION OF WORK

To be signed by the Contractor:

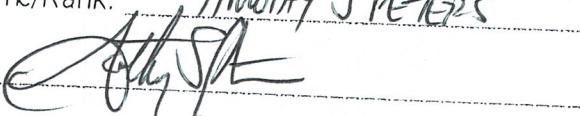
Print Name: Tim Grestens Date: 5-31-19

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: 31 MAY 19

Signed: 

E-Mail:

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

Facility/Building: Pr 685 Date of Visit: 5/2/18

Contractor Personnel on Site:

1. Car Datzel 4.

2. _____ 5. _____

3. _____ 6. _____

Work Performed:

Other Recurring Services

1. 8568

2. _____

3. _____

4. _____

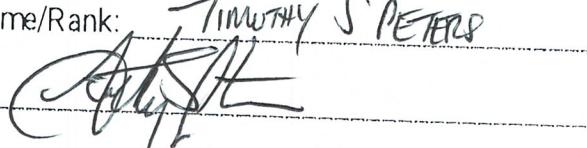
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: S. Geerfag Date: 5-31-19
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: 31 MAY 19
Signed: 
E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: PA 855-02

LOCATION/RM #: 103

**MECHANIC
SIGNATURE:**

DATE: 5/31/12

START TIME: 11:00

FINISH TIME: 11:15

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
PP055	18547	3443	FB3443	TRANE	GENIE	COIG 4581	REFRIGERATION	103

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, 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
Gty	Size			NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
4	16 x 20 x 2			

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:**

W