

CERTIFICATION OF WORK

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

FACID/Building: PA 067 Date of Visit: 5/6/19

Contractor Personnel on Site:

- | | |
|-------------------------|------------------------|
| 1. <u>Tony Lazares</u> | 4. <u>Gray Deitzel</u> |
| 2. <u>Jim Geertgens</u> | 5. _____ |
| 3. <u>Scott Wern</u> | 6. _____ |

Work Performed:

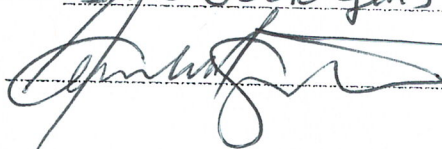
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- | | |
|----------------|-------------|
| 1. <u>8551</u> | <u>8679</u> |
| 2. <u>8639</u> | <u>8738</u> |
| 3. <u>8741</u> | _____ |
| 4. <u>8544</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 5-6-19

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: SFC Crissman, Andrew J. Date: 6 May 2019

Signed: 

E-Mail:

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

FACID/Building: P-067

Date of Visit: 5/6/19

Contractor Personnel on Site:

1. Tony Lazar
2. Jim Geertsema
3. Scott Werry

4. Gary Bertzel
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 8570
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: SF Geertsema

Date: 5-6-19

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: SFC Crissman, Andrew

Date: 6 May 2019

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST MAKE UP AIR UNIT - HEATING/COOLING

SITE AND BLDG #:

PA067-01

MECHANIC

SIGNATURE:

DATE: 5/6/19

LOCATION/RM #:

PAC

WO# 8741

ASSET # 3442

START TIME:

9:30

FINISH TIME: 10:00

CHECKER ID/INIT	CHECK/ROUTINE/DESCRIPTION	TRANS/COMPLIANCE		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 to.		✓	
2	Schedule shutdown with operating personnel.		✓	
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.	✓		
COBBLESTONE/DAILY/EXCH/INSPECTION SERVICE				
1	Check thermostat settings to ensure the cooling and heating systems are operating correctly.			
2	Tighten all electrical connections and measure voltage and current on motors.			
3	Check filters and clean or replace as necessary.	✓		Blown Fuse
4	Lubricate all moving parts.			
5	Check and inspect the condensate drain in your central air conditioner, furnace and/or heat pump (when in cooling mode).			
6	Check controls of the system to ensure proper and safe operation. Check the starting cycle of the equipment to assure the system starts, operates, and shuts off properly.			
7	Clean evaporator and condenser air conditioning coils.			
8	Clean and adjust blower components to provide proper system airflow.			
9	Check all gas (or oil) connections, gas pressure, burner combustion and heat exchanger.			

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: HVAC Technician

Additional Notes:

MUN 1
Won't Run Blown Fuse. Suspect
TRANSFORMER BAD.

OK