

CERTIFICATION OF WORK

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

FACID/Building: Pr 027

Date of Visit: 3/26/19

Contractor Personnel on Site:

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

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>7915</u> | _____ |
| 2. <u>7815</u> | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Greeting Date: 3-26-19

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: Christopher J. Zeus 6509 Date: 20190326

Signed: Christopher J. Zeus

E-Mail: _____

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

FACID/Building: P-067-01

Date of Visit: 3/26/19

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>7564</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertman Date: 3-26-19

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: Christopher S. Zane C509 Date: 20190326

Signed: Christopher J Zane

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST VEHICLE EXHAUST REMOVAL

SITE AND BLDG #:

Pr 067 - 02

MECHANIC
SIGNATURE:


DATE:

3/26/18

LOCATION/RM #:

GMS

WO# 7815

ASSET # 8853

START TIME:

1215

FINISH TIME:

1230

ITEM NO.	DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE CHECK YES TO 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.			
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.			
TOTAL PERFORMED DATE 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: