

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

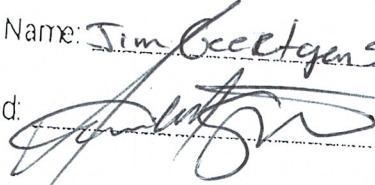
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Goertzen

Date: 8-26-19

Signed:



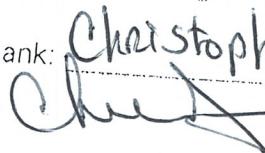
To be signed by Facility Manager:

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 067-02*

LOCATION/RM #: *OM1*

MECHANIC SIGNATURE: *[Signature]*

DATE: *8/22/10*

START TIME: *1230*

FINISH TIME: *1250*

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
OM1	16049	3022	F63422	TRW	6L10015	010	MAN - 2	OM1

CHECKPOINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE, 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 Initiated	—	—	Make sure YELLOW Maint Tag is initiated on Asset
3	Did all High Asset Filters get Changed	—	—	
4	<i>16 x 20 x 2 - 4</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:**

*BK*