

CERTIFICATION OF WORK

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

FACID/Building: PA067 Date of Visit: 4/10/19

Contractor Personnel on Site:

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

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>8080</u> | _____ |
| 2. <u>8090</u> | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertman Date: 4-10-19

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: Shaver, Eric /SSG Date: 20190410

Signed: [Signature]

E-Mail: _____

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

FACID/Building: PA 067

Date of Visit: 4/10/19

Contractor Personnel on Site:

1. Tony Cozzus

2. Jim Geertsen

3. _____

4. _____

5. _____

6. _____

Work Performed:

Other Recurring Services

1. 834r

2. _____

3. _____

4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsen

Date: 4-10-19

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: Shaver, Eric / SSG

Date: 20190410

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST THERMOSTATS

SITE AND BLDG #:

P. 067-2

MECHANIC

SIGNATURE:

DATE:

9/10/19

LOCATION/RM #:

0m

WO#

8290

ASSET #

8680

START TIME:

8:15

FINISH TIME:

8:20

CHECKS (INIT)		CHECKPOINT DESCRIPTION	PASS/COMPLIANCE		NOTES/ACTIONS (DEFICIENCIES/REPAIRS/RECOMMENDATIONS)
			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.		/		
TO BE PERFORMED AT EACH INSPECTION SERVICE					
1	If EMS (Energy Management System) exists, run the manufacturers diagnostic software for the wireless system. This diagnostic shall produce a report of all functional aspects of the wireless system indicating faults that should be addressed in this maintenance.		/		
2	Review all zone set points at the server.		/		
3	Inspect thermostat installation; ensure mounting is correct, fastened secure and that the thermostat is not blocked by equipment generating heat or furniture blocking air circulation.	/			
4	Remove thermostat cover and lightly blow away any accumulated dust with canned low pressure air.	/			
5	Check time-of-day schedule to confirm consistency with facility operation. Adjust schedule as needed.		/		
6	If applicable, replace battery as needed.		NA		

Note: The technician shall perform emergency maintenance 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: HVAC Technician

Additional Notes:

1 Pc for MUA - 2

On

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