

ATTACHMENT J-0200000-05
FORMS

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

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

Contractor Personnel on Site:

| | | | |
|----|----------------------|----|---------------------|
| 1. | <u>Tony Lazaros</u> | 4. | <u>Gary Dantzel</u> |
| 2. | <u>Jim Geertgens</u> | 5. | |
| 3. | <u>Scott Wern</u> | 6. | |

Work Performed:

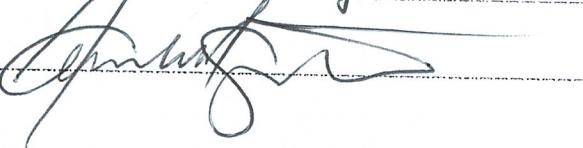
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

| | | |
|----|-------------|-------------|
| 1. | <u>8551</u> | <u>8679</u> |
| 2. | <u>8639</u> | <u>8738</u> |
| 3. | <u>8741</u> | |
| 4. | <u>8549</u> | |

CERTIFICATION OF WORK

To be signed by the Contractor:

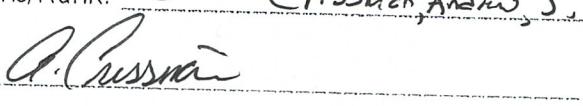
Print Name: John Geertgens Date: 5-6-19

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: Pr 067 Date of Visit: 5/6/19

Contractor Personnel on Site:

- | | |
|-------------------------|------------------------|
| 1. <u>Tony Lazarus</u> | 4. <u>Gary Bartzel</u> |
| 2. <u>Jim Geertsema</u> | 5. _____ |
| 3. <u>Scott Wenz</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | |
|----------------|
| 1. <u>8570</u> |
| 2. _____ |
| 3. _____ |
| 4. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jef Geertsema Date: 5-6-19
Signed: Jef Geertsema

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: A. Crissman

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: PA 067 - 02
LOCATION/RM #: OMS

MECHANIC SIGNATURE: *[Signature]* **DATE:** 5/6/18
START TIME: 10:00 **FINISH TIME:** 10:30

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|------|---------|-------|--------------|--------------|-----------|-----------------------------|----------------|
| PA 067 | 8549 | 3422 | PA342 | TRANE | GLNO93 | GGM115PDI | MUR 1 0AQM/CON2801ATEFWY | OMS |

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|-------------------------------------|----|--|
| | | YES | NO | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Check, clean, and/or replace both internal and external filters as necessary. | <input checked="" type="checkbox"/> | | |
| 2 | Label and Date Filter | <input checked="" type="checkbox"/> | | |
| 3 | Did YELLOW Maintenance Tag get Initialed | <input checked="" type="checkbox"/> | | |
| 3 | Did all High Asset Filters get Changed | <input checked="" type="checkbox"/> | | Make sure YELLOW Maint Tag is initialed on Asset |
| QTY | Size | | | NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
| 4 | 16X20X2 | | | |
| | | | | |
| | | | | |
| | | | | |

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:**

BC