

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:

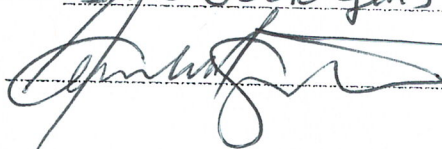
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- | | |
|----------------|-------------|
| 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: [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: SFC Crissman, Andrew

Date: 6 May 2019

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST Filter Replacement

SITE AND BLDG #:

PA 067 -C2

MECHANIC
SIGNATURE:

[Handwritten Signature]

DATE: 8/16/18

LOCATION/RM #:

OMS

START TIME: 10:00

FINISH TIME: 10:30

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
PA 067	8544	3427	PA 342	TRASE	GLN083	66M15PDI	MU 1	OMS

04PM/CON2801AT6FWY

04/15

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE 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"/>	<input type="checkbox"/>	
2	Label and Date Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Did YELLOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Did all High Asset Filters get Changed	<input type="checkbox"/>	<input type="checkbox"/>	Make sure YELLOW Maint Tag is initialed on Asset
Qty	Size			NOTES/ACTIONS (IF TASK COMPLETE 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) — PM found exceeding \$250 must be submitted to the customer for approval.

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