

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: Pr 067

Date of Visit: 6/20/19

Contractor Personnel on Site:

1. Tony Georges
2. Jim Beertjer
3. Scott Warr

- 4.
- 5.
- 6.

Work Performed:

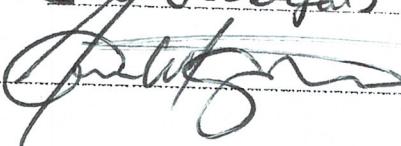
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 9127
2. 9386
3. 9335
4. 8443

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Georges Date: 6-20-19

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: 3500.02381 Date: 20 Jun 19

Signed: 

E-Mail:

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

FacID/Building: Pro67 Date of Visit: 8/20/19

Contractor Personnel on Site:

1. Tony Geraas
2. Jim Geertges
3. Scott Werry
4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 9209
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertges Date: 6-20-19

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: SSgt Jrg R Date: 20 Jun 19

Signed: 

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
UNIT HEATER, INFRA-RED, RADIANT, GAS

SITE AND BLDG #: P1 662-02

LOCATION/RM #: G105

WO# 8443

ASSET # 4238

MECHANIC
SIGNATURE: *John B*

DATE: 6/20/18

START TIME: 1100

FINISH TIME: 1120

| CHECKPOINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|------------|--|---------------|----|--|
| | | YES | NO | |
| 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 to. | | | |
| 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. | | | |
| 3 | For gsa/oil heaters: | | | |
| 4 | 1. Remove access panels if applicable. | | | |
| 5 | 2. Check the fire box liner or refractory for cracks and leaks. | | | |
| 6 | 3. Check all gas lines for leaks. Repair as needed. | | | |
| 7 | Clean dirt from heater, vaccuming is preferred. | | | |
| 8 | Check operation of gas valve. | | | |
| 9 | Check for gas leaks. | | | |
| 10 | Check operation of thermostat. | | | |
| 11 | If applicable, replace primary air intake filter. | | | |
| 12 | As needed, clean spark electrode and reset gap, replace if necessary. | | | |
| 13 | Inspect flue pipe and connections. | | | |
| 14 | If applicable, inspect and clean outside air blower and blower intake. | | | |
| 15 | Inspect unit for proper operation. | | | |
| 16 | Inspect unit for overall condition and recommend for replacement or other needed repairs. | | | |

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For

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PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
UNIT HEATER, INFRA-RED, RADIANT, GAS

SITE AND BLDG #: PR 067-02

LOCATION/RM #: 0M1

WO# 8443

ASSET # 4241

MECHANIC
SIGNATURE:
Amelio

DATE: 6/26/18

FINISH TIME: 1140

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|-------------|--|---------------|----|---|
| | | YES | NO | |
| 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 to. | / | / | |
| 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. | / | / | |
| 3 | For gsa/oil heaters: | | | |
| 4 | 1. Remove access panels if applicable. | / | / | |
| 5 | 2. Check the fire box liner or refractory for cracks and leaks. | / | / | |
| 6 | 3. Check all gas lines for leaks. Repair as needed. | / | / | |
| 7 | Clean dirt from heater, vaccuming is preferred. | / | / | |
| 8 | Check operation of gas valve. | / | / | |
| 9 | Check for gas leaks. | / | / | |
| 10 | Check operation of thermostat. | / | / | |
| 11 | If applicable, replace primary air intake filter. | / | / | |
| | As needed, clean spark electrode and reset gap, replace if necessary. | / | / | |
| | Inspect flue pipe and connections. | / | / | |
| | If applicable, inspect and clean outside air blower and blower intake. | / | / | |
| | Inspect unit for proper operation. | / | / | |
| | Inspect unit for overall condition and recommend for replacement or other needed repairs. | / | / | |

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For

PR 067-02

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PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
UNIT HEATER, INFRA-RED, RADIANT, GAS

SITE AND BLDG #: PN 067-02

LOCATION/RM #: 005

WO# 9443

ASSET # 4249

MECHANIC
SIGNATURE:

DATE:

START TIME:

FINISH TIME:

6/20/19

| CHECKPOINT | DESCRIPTION | TASK COMPLETE | | NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|------------|--|---------------|----|--|
| | | YES | NO | |
| 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 to. | | | |
| 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. | | | |
| 3 | For gsa/oil heaters: | | | |
| 4 | 1. Remove access panels if applicable. | | | |
| 5 | 2. Check the fire box liner or refractory for cracks and leaks. | | | |
| 6 | 3. Check all gas lines for leaks. Repair as needed. | | | |
| 7 | Clean dirt from heater, vaccuming is preferred. | | | |
| 8 | Check operation of gas valve. | | | |
| 9 | Check for gas leaks. | | | |
| 10 | Check operation of thermostat. | | | |
| 11 | If applicable, replace primary air intake filter. | | | |
| | As needed, clean spark electrode and reset gap, replace if necessary | | | |
| | Inspect flue pipe and connections. | | | |
| | If applicable, inspect and clean outside air blower and blower intake. | | | |
| | Inspect unit for proper operation. | | | |
| | Inspect unit for overall condition and recommend for replacement or other needed repairs. | | | |

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For

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Lockey 005 Check in plus Pipe

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