

CERTIFICATION OF WORK

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

FACID/Building: PA 079

Date of Visit: 3/26/19

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>King Lewis</u>    | 4. _____ |
| 2. <u>Scott Werry</u>   | 5. _____ |
| 3. <u>Jim Geertgens</u> | 6. _____ |

Work Performed:

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

- |                |       |
|----------------|-------|
| 1. <u>7645</u> | _____ |
| 2. <u>7767</u> | _____ |
| 3. <u>8026</u> | _____ |
| 4. <u>7816</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 3-26-19

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: Josh Sutton GS-11

Date: 26 Mar 19

Signed: [Signature]

E-Mail: joshua.e.sutton2.civ@mail.mil

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

FACID/Building: Pc 079 Date of Visit: 3/26/19

Contractor Personnel on Site:

1. Tony Lazzari
2. Jim Gerber
3. Scott Warr
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

Other Recurring Services

1. 7544
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gerber Date: 3-26-19

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: Josh Sutton GS-11 Date: 26 Mar 19

Signed: [Signature]

E-Mail: joshua.e.sutton2.civ@mail.mil

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GREASE TRAP

SITE AND BLDG #:

PA 079 - C1

MECHANIC

SIGNATURE:

DATE:

3/28/19

LOCATION/RM #:

OUTSIDE

WO# 7767

ASSET #

7484

START TIME:

940

FINISH TIME:

950

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO. PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.		/	
3	Insure proper grease disposal.		/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Do not use enzymes, acids, caustics, solvents or emulsifying products when cleaning or maintaining the grease traps.		/	
2	Remove lid. If the trap is equipped with removable baffles, remove them.		/	
3	Make sure the flow restrictor on the inflow pipe is present.		/	
4	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.		/	
5	Replace lid and baffles.		/	
6	Return (or fill) water to grease trap		/	
7	Record grease trap maintenance activities on your log or request a receipt from your grease hauler. Keep records for 3 years.		/	

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: General Maintenance Technician

Additional Notes: