

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

FACID/Building: Pr 079

Date of Visit: 8/26/19

Contractor Personnel on Site:

1. Tony Grans
2. Jim Geertgens
3. Scott Werry

- 4.
- 5.
- 6.

Work Performed:

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

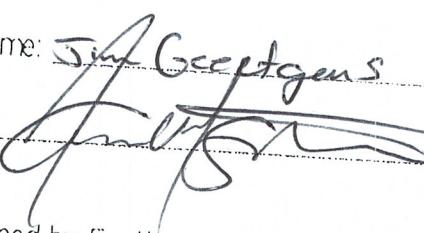
1. 10208
2. 10424
- 3.
- 4.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 8-26-19

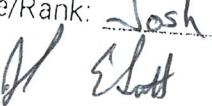
Signed: 

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: Josh Sutton / GS-11

Date: 26 Aug 19

Signed: 

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

FacID/Building: Pr 079 Date of Visit: 8/26/19

Contractor Personnel on Site:

1. Tony Lemos
2. Tom Goertzen
3. Scott Berry
4. _____
5. _____
6. _____

Work Performed:

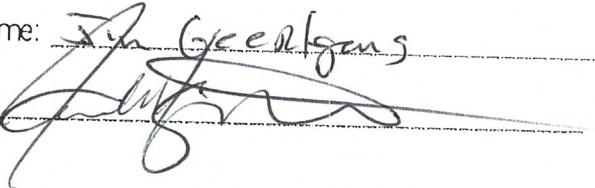
Other Recurring Services

1. 10344
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tim Greenjans Date: 8.26.19

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: Josh Sutton/GS-11 Date: 26 Aug 19

Signed: 

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

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

PA 079-01
SITE AND BLDG #:

**MECHANIC
SIGNATURE:** *JL*

DATE: *8/26/19*

LOCATION/RM #:

START TIME:

FINISH TIME:

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|------|---------|------|--------------|--------------|----------|-------------------|----------------|
| 10201 | 3074 | 193074 | | | | | AC 1 | |

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES / ACTIONS | |
|-------------|---|---------------|----|--|--|
| | | YES | NO | NOTES / ACTIONS (IF TASK COMPLETE/NOT CHECKED NO PROV'DE EXPLANATION) | |
| 1 | Check, clean, and/or replace both internal and external filters as necessary. | | | | |
| 2 | Label and Date Filter | | | | |
| 3 | Did YELLOW Maintenance Tag get Initiated | | | | |
| 3 | Did all High Asset Filters get Changed | | | Make sure YELLOW Maint Tag is initiated on Asset | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

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:**

CON *END*

*Please Remove Knob
asset GSR*

BT

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #:

PA 078-01

LOCATION/RM #:

MECHANIC
SIGNATURE:

DATE:

8/26/13

START TIME:

FINISH TIME:

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|-----------|---------|------|--------------|--------------|----------|-------------------|----------------|
| | 162073121 | PA3-28 | | | | | PA3-28 | |

| CHECKPOINT POINT | CHECKPOINT DESCRIPTION | TASK COMPLETED | | NOTES/ACTIONS (IF TASK COMPLETED/checked NO, provide explanation) |
|---------------------|---|----------------|----|--|
| | | YES | NO | |
| 1 | Check, clean, and/or replace both internal and external filters as necessary. | | | TO BE PERFORMED AT EACH INSPECTION SERVICE |
| 2 | Label and Date Filter | | | |
| 3 | Did YELLOW Maintenance Tag get Initiated | | | |
| 3 | Did all High Asset Filters get Changed | | | Make sure YELLOW Maint Tag is initiated on Asset |
| 4 | Sign | | | NOTES/ACTIONS (IF TASK COMPLETED/checked NO, provide explanation) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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:

On ED
 PLEASE Remove from BK
 Asset GST

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: *Pr 079-01*

LOCATION/RM #: *2nd flr*

MECHANIC SIGNATURE: *Scottharvey* DATE: *8/26/13*
START TIME: *8:00* FINISH TIME: *8:15*

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|----------------|---|---------------|----------------|--------------|-------------------------------------|-------------------|--|----------------|
| <i>2nd flr</i> | <i>102-8 3129</i> | <i>PG3674</i> | <i>McGowen</i> | <i>LSL14</i> | <i>3600 0</i> | <i>7011 90604</i> | <i>PLU - 3</i> | <i>2nd flr</i> |
| CHECKPOINT | CHECKPOINT DESCRIPTION | | | | TASK COMPLETE | | NOTES/ACTIONS (IF TASK COMPLETE, CHECKED NO, PROVIDE EXPLANATION) | |
| 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 Initiated | | | | <input checked="" type="checkbox"/> | | Make sure YELLOW Maint Tag is initiated on Asset | |
| 4 | Did all High Asset Filters get Changed | | | | <input checked="" type="checkbox"/> | | | |
| 5 | <i>16X25X21</i> | | | | <input checked="" type="checkbox"/> | | | |
| 6 | <i>16X20X21</i> | | | | <input checked="" type="checkbox"/> | | | |
| | | | | | <input checked="" type="checkbox"/> | | | |
| | | | | | <input checked="" type="checkbox"/> | | | |
| | | | | | <input checked="" type="checkbox"/> | | | |

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: *16X25X21* *16X20X21*

bk

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: *Pr 079-c1*
LOCATION/RM #: *2nd floor*

MECHANIC SIGNATURE: *Scott H. Miller*

DATE: *8/26/19*

START TIME: *8:15*

FINISH TIME: *8:25*

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|------------------|---------------|-------------|--------------|--------------|--------------|----------------|-------------------|------------------|
| <i>2nd floor</i> | <i>1020-3</i> | <i>3133</i> | <i>10374</i> | <i>Thane</i> | <i>LPCAD</i> | <i>1870682</i> | <i>1020-5</i> | <i>2nd floor</i> |

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ACTIONS (IF TASK COMPLETE/IF CHECKED NO PROVIDE EXPLANATION) |
|-------------|---|-------------------------------------|----|---|
| | | YES | NO | |
| 1 | Check, clean, and/or replace both internal and external filters as necessary. | <input checked="" type="checkbox"/> | | TO BE PERFORMED AT EACH INSPECTION SERVICE |
| 2 | Label and Date Filter | <input checked="" type="checkbox"/> | | |
| 3 | Did YELLOW Maintenance Tag get Initiated | <input checked="" type="checkbox"/> | | |
| 3 | Did all High Asset Filters get Changed | <input checked="" type="checkbox"/> | | Make sure YELLOW Maint Tag is initiated on Asset |
| 2 | <i>2010-6-21</i> | <input checked="" type="checkbox"/> | | NOTES/ACTIONS (IF TASK COMPLETE/IF CHECKED NO PROVIDE EXPLANATION) |
| | | | | |
| | | | | |
| | | | | |

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: *ML*

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
 Filter Replacement

SITE AND BLDG #: *Pr 079-cb*

LOCATION/RM #: *Dus Klsev*

MECHANIC
 SIGNATURE: *Bob H. Miller*

DATE: *8/26/18*

START TIME: *8:25*

FINISH TIME: *8:30*

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|-------|---------|-------|--------------|--------------|--------------------------|-------------------|----------------|
| 2M Pr 01 | 10207 | 3145 | A3024 | 100ne | LPC04D6 | 102K7 E012001 6626 | AHU-4 | 2M Pr 01 |

| CHECKPOINT POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ACTIONS (IF TASK COMPLETE/IS CHECKED NO FROV'D EXPLANATION) |
|------------------|---|-------------------------------------|----|--|
| | | YES | NO | |
| 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 Initiated | <input checked="" type="checkbox"/> | | Make sure YELLOW Maint Tag is initiated on Asset |
| 3 | Did all High Asset Filters get Changed | <input checked="" type="checkbox"/> | | |
| | | | | NOTES/ACTIONS (IF TASK COMPLETE/IS CHECKED NO FROV'D EXPLANATION) |
| 1 | <i>20K25 KAPL</i> | | | |
| | | | | |
| | | | | |
| | | | | |

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: *SH*

BK

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: Pr 079-01
LOCATION/RM #: Rer P

MECHANIC SIGNATURE: *Pat D*

DATE: 8/26/18

START TIME:

FINISH TIME:

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|-------|---------|---------|--------------|--------------|----------|-------------------|----------------|
| Rer P | 10201 | 2438 | Pr 307F | | | | FU004E GFT-rr | Rer P |

| CHECKPOINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ACTIONS (If task complete, checkmark. If not, provide explanation.) |
|------------|---|---------------|----|--|
| | | YES | NO | |
| 1 | Check, clean, and/or replace both internal and external filters as necessary. | | | |
| 2 | Label and Date Filter | | | |
| 3 | Did YELLOW Maintenance Tag get Initiated | | | |
| 3 | Did all High Asset Filters get Changed | | | Make sure YELLOW Maint Tag is initiated on Asset |
| 04 | SP | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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:

*Does Not Work
 Parts Missing*

Please Remove from Asset Log

BL

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: *Pn* 079 -01

LOCATION/RM #: *Reus*

MECHANIC SIGNATURE: *J. G. el*

DATE: *8/26/11*

START TIME:

FINISH TIME:

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|-------|---------|--------|--------------|--------------|----------|-------------------|-----------------|
| <i>Reus 5</i> | 10204 | 3441 | 103074 | | | | <i>Furnace</i> | <i>Grill -4</i> |

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES / ACTIONS (IF TASK COMPLETE, CHECKED NO PROVIDED EXPLANATION) |
|-------------|---|---------------|----|--|
| | | YES | NO | |
| 1 | Check, clean, and/or replace both internal and external filters as necessary. | | | |
| 2 | Label and Date Filter | | | |
| 3 | Did YELLOW Maintenance Tag get Initiated | | | Make sure YELLOW Maint Tag is initiated on Asset |
| 3 | Did all High Asset Filters get Changed | | | |
| 4 | <i>Spa</i> | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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:**

Does Not Work

Parts missing

Please remove from Asset List

BIC

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: Pa 079-01
LOCATION/RM #: Drill 1M1

MECHANIC SIGNATURE: *John M. Brumley* **DATE:** 8/22/12
START TIME: 8:30 **FINISH TIME:** 8:45

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|-------|---------|-------|--------------|--------------|----------|-------------------|----------------|
| Wash Area | 10201 | 3452 | PG371 | Reznor | | | GP R100 01-02 | Area 1M1 |

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ACTIONS (IF TASK COMPLETE/unchecked NO FWD OR EXPLANATION) |
|-------------|---|---------------|----|---|
| | | YES | NO | |
| 1 | Check, clean, and/or replace both internal and external filters as necessary. | ✓ | | |
| 2 | Label and Date Filter | ✓ | | |
| 3 | Did YELLOW Maintenance Tag get Initiated | ✓ | | |
| 3 | Did all High Asset Filters get Changed | ✓ | | Make sure YELLOW Maint Tag is initiated on Asset |
| 4 | SPM | | | |
| | | | | |
| | | | | |
| | | | | |

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:

2 Pa

bX