

CERTIFICATION OF WORK

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

FACID/Building: P072

Date of Visit: 6/20/19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Tony Luzzani</u> | 4. _____ |
| 2. <u>Jim Geertsema</u> | 5. _____ |
| 3. <u>Scott Warr</u> | 6. _____ |

Work Performed:

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

- | |
|----------------|
| 1. <u>9311</u> |
| 2. _____ |
| 3. _____ |
| 4. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: Timothy Rote NC-10 Date: 20 June

Signed: Tim Rote Inspector

E-Mail: AMSA105BMA

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

FACID/Building: PA 079-01

Date of Visit: 6/20/19

Contractor Personnel on Site:

- | | | |
|-----------------|------------------|----------|
| 1. <u>Tooz</u> | <u>Cozins</u> | 4. _____ |
| 2. <u>Jim</u> | <u>Geertgens</u> | 5. _____ |
| 3. <u>Scott</u> | <u>Werny</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|-----------------|-------|
| 1. <u>9/199</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 6-20-19

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: Timothy Rote

Date: 20 June 19

Signed: [Signature]

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GREASE TRAP

SITE AND BLDG #:

PA 079-07

LOCATION/RM #:

078.02

WO#

9311

ASSET #

7494

MECHANIC

SIGNATURE:

[Signature]

DATE:

6/20/19

START TIME:

1115

FINISH TIME:

1130

CHECK ITEM	DESCRIPTION	PASS/COMPLETE		NOTES/REMARKS
		YES	NO	
SPECIAL INSTRUCTIONS				
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.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
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 discription of the deficiency.
To be performed by: General Maintenance Technician

Additional Notes: