

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: Phase

Date of Visit: 8/7/19

Contractor Personnel on Site:

1. Troy Larance
2. Jim Geertgens
3. Scott Werry

- 4.
- 5.
- 6.

Work Performed:

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

1. 10250
2. 10440
- 3.
- 4.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 8-7-19

Signed: Jim Geertgens

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: Tom McPherson

Date: 8/7/19

Signed: Tom McPherson

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
 Filter Replacement

SITE AND BLDG #: *Pr 80-01*  
 LOCATION/RM #: *Princ 1411*

MECHANIC  
 SIGNATURE: *John* DATE: *8/2/19*  
 START TIME: *930* FINISH TIME: *945*

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
Princ 1411	10250	3428	F03428	Green Tech	1153980	16114 02- 167	FURNACE	Princ 1411

CHECK POINT	CHECKPOINT DESCRIPTION	TO BE PERFORMED AT EACH INSPECTION SERVICE		NOTES / ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
1	Check, clean, and/or replace both internal and external filters as necessary.	—	—	Was filter
2	Label and Date Filter	—	—	
3	Did YELLOW Maintenance Tag get Initiated	—	—	Make sure YELLOW Maint Tag is initiated on Asset
4	Did all High Asset Filters get Changed	—	—	
5	Size	—	—	
6		—	—	
7		—	—	
8		—	—	
9		—	—	

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:

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
*Filter Replacement*

SITE AND BLDG #: PA 080-01  
LOCATION/RM #: Drive Thru

MECHANIC SIGNATURE:

*Jefferson* 8/1/18  
DATE: 8/1/18

START TIME:

*0645* FINISH TIME: 1000

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
Drive Thru	102103430	163428	Cree	1153986	16 110 H20	167	Power	

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE/IS CHECKED NO PROVIDE EXPLANATION)
		YES	NO	
1	Check, clean, and/or replace both internal and external filters as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	washable
2	Label and Date Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Did YELLOW Maintenance Tag get Initiated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Make sure YELLOW Maint Tag is initiated on Asset
3	Did all High Asset Filters get Changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
0.5	SPM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		<input checked="" type="checkbox"/>	<input 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: