

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

FACID/Building: P1080

Date of Visit: 8/7/19

Contractor Personnel on Site:

1. Joey Larnot
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: [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: Don M. [Signature]

Date: 8/7/19

Signed: [Signature]

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST Filter Replacement

SITE AND BLDG #: Pr 580-01

LOCATION/RM #: Prm 1211

MECHANIC
SIGNATURE: [Signature]

DATE: 8/12/19

START TIME: 930

FINISH TIME: 945

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
<u>Prm 1211</u>	<u>16250</u>	<u>3428</u>	<u>K23428</u>	<u>Greenheck</u>	<u>1153980</u>	<u>16114 12-117</u>	<u>Furnace</u>	<u>Prm 1211</u>

CHECKPOINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace both internal and external filters as necessary.	<u>-</u>		
2	Label and Date Filter	<u>-</u>		<u>Was flammable</u>
3	Did YELLOW Maintenance Tag get Initialed	<u>-</u>		
3	Did all High Asset Filters get Changed	<u>-</u>		<u>Make sure YELLOW Maint Tag is initialed on Asset</u>
Qty	Size			

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 #: Drum Hall

MECHANIC SIGNATURE: [Signature] DATE: 8/12/18
 START TIME: 0945 FINISH TIME: 1000

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
<u>Drum Hall</u>	<u>10260</u>	<u>3430</u>	<u>263428</u>	<u>Cummins</u>	<u>1183500</u>	<u>16 110 H20</u>	<u>Drum</u>	

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace both internal and external filters as necessary.			
2	Label and Date Filter	—		washable
3	Did YELLOW Maintenance Tag get Initialed	—		
3	Did all High Asset Filters get Changed	—		Make sure YELLOW Maint Tag is initialed on Asset
On	Size			
				NOTES/ACTIONS (IF TASK COMPLETE IS 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:**