

CERTIFICATION OF WORK

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

FACID/Building: Pr 080

Date of Visit: 5/7/18

Contractor Personnel on Site:

1. Tony Green
2. Jim Geertsen
3. Scott Wynn

4. Gary Betzel
5. _____
6. _____

Work Performed:

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

1. 8545
2. 8656
3. 8791
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: J. Geertsen Date: 5-7-19

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: James E. Miller Date: 5/7/19

Signed: [Signature]

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST Filter Replacement

SITE AND BLDG #: PA 0800 - 01

MECHANIC
SIGNATURE: [Signature]

DATE: 5/2/19

LOCATION/RM #: Drm 1400

START TIME: 1100

FINISH TIME: 1115

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|------|---------|-------|--------------|--------------|----------|-------------------|----------------|
| Proco | 8548 | 3428 | 10340 | Check | 16-116 | 11133981 | Maker up air | Proco |
| | | | | 1460 | 126-147 | | | |

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|--|---|---------------|----|---|
| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ACTIONS |
| | | YES | NO | (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
| 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 | - | | |
| 3 | Did YELLOW Maintenance Tag get Initialed | | NA | |
| 3 | Did all High Asset Filters get Changed | - | | Make sure YELLOW Maint Tag is initialed on Asset |
| Qty | Size | | | NOTES/ACTIONS |
| | | | | (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
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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:**

FLU 1

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST Filter Replacement

SITE AND BLDG #: P2 08C-07

MECHANIC

SIGNATURE: [Signature]

DATE:

5/2/18

LOCATION/RM #: Dave Hall

START TIME:

1115

FINISH TIME:

1130

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|------|---------|-------|--------------|--------------|----------|-------------------|----------------|
| P2 08C | 854 | 3430 | 16308 | Coleman | 16-116 | 11533780 | Make up Air 2 | |

| 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 | | NA | |
| 3 | Did YELLOW Maintenance Tag get Initialed | | | |
| 3 | Did all High Asset Filters get Changed | / | | Make sure YELLOW Maint Tag is initialed on Asset |
| Qty | Size | | | NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
| | WASHBEE Filter | | | |
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Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) — PM found exceeding \$250 open a corrective maintenance ticket.

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:**

PAU - 2