

CERTIFICATION OF WORK

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

FACID/Building: PA 087

Date of Visit: 5/30/19

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Tony Lazarus</u> | 4. _____ |
| 2. <u>Jim Geertgas</u> | 5. _____ |
| 3. <u>Scott Warrig</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------------|
| 1. <u>8525</u> | <u>8687</u> |
| 2. <u>8618</u> | <u>8735</u> |
| 3. <u>8748</u> | _____ |
| 4. <u>8539</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgas Date: 5-30-19

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: WOELF JAMES T. 659 Date: 30 MAY 19

Signed: [Signature]

E-Mail: James.t.wolf@cwemail.com

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

FACID/Building: Pa 087-01 Date of Visit: 5/7/18

Contractor Personnel on Site:

- | | | | |
|----|---------------------|----|-------|
| 1. | <u>Tony Lazarus</u> | 4. | _____ |
| 2. | <u>Jim Geertgen</u> | 5. | _____ |
| 3. | <u>Scott Werry</u> | 6. | _____ |

Work Performed:

Other Recurring Services

- | | | |
|----|-------------|-------|
| 1. | <u>8580</u> | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgen Date: 5-30-19

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: _____ Date: _____

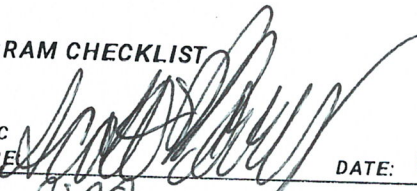
Signed: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #:

PA 087-G1

MECHANIC
SIGNATURE



DATE:

5/30/19

LOCATION/RM #:

Hallway

START TIME:

9:00

FINISH TIME:

9:30

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
PA087	8528	3165	16316	McQu	LSL108	3746797	AHU 1	Hallway
				CH	-06			

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Label and Date Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Did YELLOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Did all High Asset Filters get Changed	<input type="checkbox"/>	<input type="checkbox"/>	Make sure YELLOW Maint Tag is initialed on Asset
Qty	Size			NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
6	16x25x2			

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct materials).

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:**

BC

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST Filter Replacement

SITE AND BLDG #:

PA 082 - G1

MECHANIC
SIGNATURE:

[Signature]

DATE:

5/30/19

LOCATION/RM #:

DRILL 161

START TIME:

1030

FINISH TIME:

1100

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
PA 082	8525	3170	PG 316	McQuay	LND 111	37600248	A.H.U. - 2	DRILL 161

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Label and Date Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Did YELLOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Did all High Asset Filters get Changed	<input type="checkbox"/>	<input type="checkbox"/>	Make sure YELLOW Maint Tag is initialed on Asset
Qty	Size			NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
6	20x25x2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Note: The technician shall perform any repairs identified during PM up to \$250 (dissect labor and diagnostic fee) and

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:**

BIC

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #:

PA 087-01

MECHANIC

SIGNATURE:

DATE:

5/30/19

LOCATION/RM #:

Roof Top

START TIME:

8:00

FINISH TIME:

8:15

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
PA087	8525	4695	FA0165	GenPac	NIIMUP	85075-52	KU-1	Roof Top

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Label and Date Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Did YELLOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Did all High Asset Filters get Changed	<input type="checkbox"/>	<input type="checkbox"/>	Make sure YELLOW Maint Tag is initialed on Asset
Qty	Size			NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
1	18 x 24 x 1 WASHABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and first call only).

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:**

BIC

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #:

PA 087-01

MECHANIC
SIGNATURE:

[Signature]

DATE:

5/30/18

LOCATION/RM #:

Restop

START TIME:

9:30

FINISH TIME:

10:00

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
PAGE 1	ESDR	4696	20315	Reur			ku - 2	Restop

CHECK POINT	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.	<input checked="" type="checkbox"/>		
2	Label and Date Filter	<input checked="" type="checkbox"/>		
3	Did YELLOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>		
3	Did all High Asset Filters get Changed			Make sure YELLOW Maint Tag is initialed on Asset
Qty	Size			NOTES/ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
2	20 x 25 x 2			
1	25 x 25 x 2			
1	20 x 20 x 2			

Note: The technician shall perform any repairs identified during PM up to \$250 (does not include labor).

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:**

No more on Series H's Shower

bc