

CERTIFICATION OF WORK

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

FACID/Building: Pp 096 Date of Visit: 3/22/19

Contractor Personnel on Site:

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

Work Performed:

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

- |                |             |
|----------------|-------------|
| 1. <u>7484</u> | <u>7799</u> |
| 2. <u>7686</u> | <u>7967</u> |
| 3. <u>7749</u> | _____       |
| 4. <u>8019</u> | _____       |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: SCOTT WERRY Date: 3/22/19  
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: Hannah Florian GS09 Date: 3/22/19

Signed: [Signature]

E-Mail: hannah.l.florian.civ@ma.mil

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

FACID/Building: P096 -

Date of Visit: 3/22/19

Contractor Personnel on Site:

1. Tony Lozano

2. Scott Werry

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Work Performed:

Other Recurring Services

1. 7590

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Scott Werry

Date: 3/22/19

Signed: Scott Werry

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: Hannah Florian GS-09

Date: 3/22/19

Signed: Hannah Florian

E-Mail: hannah.l.florian.civ@mail.mil

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GREASE TRAP

SITE AND BLDG #: P 086-01

MECHANIC  
SIGNATURE: *[Signature]*

DATE: 3/22/17

LOCATION/RM #: Outside WO# 7749 ASSET # 7484

START TIME: 0810

FINISH TIME: 0830

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.			
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
	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			Stand Pipe is Rusting Away
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:

Tank is full of water with a little bit of residue grease