

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: P-086

Date of Visit: 5/21/19

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Tony Lizaros</u> | 4. _____ |
| 2. <u>Jim Geertzen</u> | 5. _____ |
| 3. <u>Scott Wern</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>8483</u> | _____ |
| 2. <u>8653</u> | _____ |
| 3. <u>8756</u> | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertzen

Date: 5-21-19

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 GS-09 Date: 5/21/2019

Signed: Hannah Florian

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

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

FACID/Building: PA 096-01

Date of Visit: 5/21/19

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>8583</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertjes Date: 5-21-19

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: Hannan Florian GS-09 Date: 5/21/19

Signed: Hannan Florian

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #:

PA 096-01

MECHANIC
SIGNATURE:

[Signature]

DATE:

5/21/19

LOCATION/RM #:

Drum Hall

START TIME:

915

FINISH TIME:

930

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
<i>Prose</i>	<i>8483</i>	<i>3039</i>	<i>PA3039</i>	<i>McQuay</i>	<i>44011101</i>	<i>36600</i>	<i>422 HAZCON</i>	<i>Drum Hs</i>

23-86

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.	/		
2	Label and Date Filter	/		
3	Did YELLOW Maintenance Tag get Initialed	/		Make sure YELLOW Maint Tag is initialed on Asset
3	Did all High Asset Filters get Changed			
Qty	Size			NOTES/ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
6	16x20x2	/		

Note: The technician shall use the correct size and type of filter as specified in the manufacturer's instructions.

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 096-C1

MECHANIC
SIGNATURE:

[Signature]

DATE:

5/19/11

LOCATION/RM #:

DRIVE HALL

START TIME:

930

FINISH TIME:

945

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
P-086	8483	3040	163639	McQuay	UHPH1211	366006	MR Harmon	DRIVE HALL

24-66

24-66

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE / 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	—		
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 / CHECKED NO, PROVIDE EXPLANATION)
6	16 x 20 x 2	—		

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and materials) without a work order.

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:**