

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: PRO96 Date of Visit: 5/21/19

Contractor Personnel on Site:

1. <u>Tony Lazzar</u>	4. _____
2. <u>Jim Geertgens</u>	5. _____
3. <u>Scott Wren</u>	6. _____

**Work Performed:**

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

1. <u>8483</u>	4. _____
2. <u>8653</u>	5. _____
3. <u>8786</u>	6. _____
4. _____	7. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: 

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: 

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: 5/21/18

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Geertsema
3. Scott Berry
- 4.
- 5.
- 6.

Work Performed:

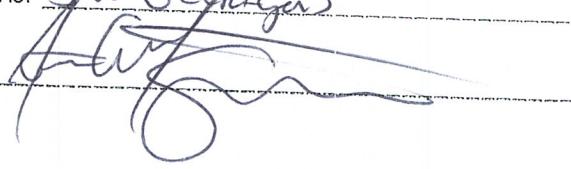
Other Recurring Services

1. 8583
- 2.
- 3.
- 4.

**CERTIFICATION OF WORK**

To be signed by the Contractor:

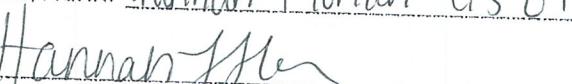
Print Name: Jim Geertsema Date: 5-21-19

Signed: 

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 Flonan GS-09 Date: 5/21/19

Signed: 

E-Mail: [hannah.flonan@doe.gov](mailto:hannah.flonan@doe.gov)

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
Filter Replacement

**SITE AND BLDG #:** P1 096-01

**MECHANIC SIGNATURE:** *[Signature]* **DATE:** 5/21/18

**LOCATION/RM #:** Dine 1st

**START TIME:** 9:15 **FINISH TIME:** 9:30

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
hosc	8483	3039	PG3039	McDonnell	44011101	36600	4in Hanson	Dine 1s

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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	/		
Q/H	Size			NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
6	16x20x2	/		

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 096-01

**LOCATION/RM #:** D104 D106

**MECHANIC SIGNATURE:** *John* **DATE:** 5/1/13  
**START TIME:** 9:30 **FINISH TIME:** 9:45

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
Proj6	8483	3040	1433035	McGraw	UK001C11	366006	MR. Harmon	D104 D106

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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 (IF TASK COMPLETE IS 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 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:**