

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 Lizaro</u> | 4. _____ |
| 2. <u>Jim Geertgen</u> | 5. _____ |
| 3. <u>Scott Werry</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 Geertgen

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: 5/21/19

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 DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #:

PA 096 -01

MECHANIC

SIGNATURE:

DATE:

5/21/18

LOCATION/RM #:

Boiler
Room

WO# 8653

ASSET # 7011

START TIME:

800

FINISH TIME:

820

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
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 to.			
2	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal			
3	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.			
4	Do not allow any open flames around equipment.			
1	Attach drain hose. Drain several gallons from tank to remove			
2	Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge.			
3	Check all connections - electric, gas and water. Tighten as necessary.			
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at		N/A	
5	Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.		N/A	
6	Clean sight glasses on tanks.		N/A	
7	Clean strainer, check condition of traps. Report and repair leaks.		N/A	
8	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.		N/A	

K00-048CMI Management Inc.

9 If applicable, Remove and inspect Anode, replace if necessary

10 Clean up work area and remove trash.

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For 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 Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST TIME CLOCK, LIGHTING

SITE AND BLDG #:

LOCATION/RM #:

MECHANIC
SIGNATURE:

DATE:

WO#

ASSET #

START TIME:

FINISH TIME:

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION</small>
		YES	NO	

- 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 to.
- 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.
- 1 Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.
- 2 Check physical connections.
- 3 Verify the timeclock configuration, ensure proper operation.
- 4 If applicable, check battery and replace as needed.

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For 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: General Maintenance Worker

Additional Notes:

4 R

Time clocks are not

at this facility

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST ICE MAKER

SITE AND BLDG #:

Pa 096-01

MECHANIC

SIGNATURE:

DATE:

5/21/18

LOCATION/RM #:

Drac 1004

WO#

8653

ASSET #

6838

START TIME:

830

FINISH TIME:

845

ITEM NO.	CHECKPOINT/DESCRIPTION	PASS/COMPLIANCE		NOTES/REMARKS (IF DEFICIENCIES ARE FOUND, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Review manufacturer's instructions.			
2	De-energize, lock out, and tag electrical circuits.			
3	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.			
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.			
5	Only approved cleaning chemicals shall be used.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.			
2	Visually check for refrigerant, oil and water leaks.			
3	Inspect ice condition/size.			
4	As needed, drain and clean unit with proper ice machine cleaning solution.			
5	Check date on water filter. Replace as needed. Water filters should be changed annually at a minimum.			
6	Check and tighten any loose screw-type electrical connections.			
7	Check all controls; adjust if necessary.			
8	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.			
9	Check and clear ice machine draining system (drain vent, strainer, trap).			
10	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.			
11	Clean motor, compressor, and condenser coil.			

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: General Maintenance Worker

Additional Notes:

still not working