

ATTACHMENT J-0200000-05
FORMS

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. Tony Lazarus
2. Scott Werry
3. _____

4. _____
5. _____
6. _____

Work Performed:

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

1. 7484 7799
2. 7686 7967
3. 7749 _____
4. 8019 _____

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 Flonian GS09 Date: 3/22/19

Signed: Hannah Flonian

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

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

FacID/Building: Po 096 - Date of Visit: 3/22/19

Contractor Personnel on Site:

1. Tony Lazarus
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
VEHICLE EXHAUST REMOVAL

SITE AND BLDG #: *Pr 086-02*LOCATION/RM #: *0MS* WO# *7799* ASSET # *8641*MECHANIC
SIGNATURE: *Mark Murphy*DATE: *3/22/18*START TIME: *8:00*FINISH TIME: *8:15*

CHECK POINT	CHECK POINT DESCRIPTION	TASK COMPLETED		NOTES/ACTIONS (OR USE COMPLETED THROUGH PROVIDED 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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
1	Start and stop fan with local switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Inspect, adjust belts and pulleys. Replace belt as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Clean dampers; lubricate pivot points (annually) and inspect linkages for tightness.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Inspect fan for bent blades, unbalance, excessive noise and vibration.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Clean fan as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Visually inspect exhaust system tubing and/or duct work for any damage that could result in leaks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Repair as needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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: