

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. <u>Tony Lazans</u> | 4. _____ |
| 2. <u>Scott Werry</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>7590</u> | _____ |
| 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 #:

P. 096-02

LOCATION/RM #:

OMS

WO#

7799

ASSET #

2641

MECHANIC
SIGNATURE:

START TIME:

8:00

DATE: 3/22/19

FINISH TIME:

8:15

CHECK POINT	DESCRIPTION	TESTS/COMPLIANCE		NOTES/ACTIONS (IF TEST COMPLETED, CHECKED OR PROVIDED LOCATION)
		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.			
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.	✓	✓	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Start and stop fan with local switch	✓		
2	Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings.	✓		
3	Inspect, adjust belts and pulleys. Replace belt as needed.	✓		
4	Clean dampers; lubricate pivot points (annually) and inspect linkages for tightness.	✓		
5	Inspect fan for bent blades, unbalance, excessive noise and vibration.	✓		
6	Clean fan as needed.	✓		
7	Visually inspect exhaust system tubing and/or duct work for any damage that could result in leaks.	✓		
8	Repair 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 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: