

CERTIFICATION OF WORK

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

FACID/Building: Pa 121

Date of Visit: 5/9/19

Contractor Personnel on Site:

- |                        |                       |
|------------------------|-----------------------|
| 1. <u>Tony Caron</u>   | 4. <u>Scott Werry</u> |
| 2. <u>Jim Gerber</u>   | 5. _____              |
| 3. <u>Gary Boitree</u> | 6. _____              |

Work Performed:

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

- |                |
|----------------|
| 1. <u>8686</u> |
| 2. _____       |
| 3. _____       |
| 4. _____       |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gerber Date: 5-9-19

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: Hoover, Kevin J. WLO9 Date: 20190509

Signed: [Signature]

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

FACID/Building: Pr 121-01 Date of Visit: 5/9/19

Contractor Personnel on Site:

- |                         |                       |
|-------------------------|-----------------------|
| 1. <u>Tony Luzzo</u>    | 4. <u>Gary Betzel</u> |
| 2. <u>Jim Geertgens</u> | 5. _____              |
| 3. <u>Scott Wray</u>    | 6. _____              |

Work Performed:

Other Recurring Services

- |                |       |
|----------------|-------|
| 1. <u>956r</u> | _____ |
| 2. _____       | _____ |
| 3. _____       | _____ |
| 4. _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 5-9-19

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:

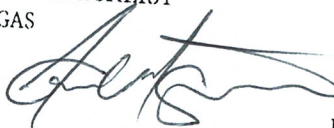
Print Name/Rank: Hoover, Kevin J. WLO9 Date: 20190509

Signed: [Signature]

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #:

P 121-01

MECHANIC  
SIGNATURE:


DATE:

5/2/18

LOCATION/RM #:

B-16a

WO#

8698

ASSET #

7021

START TIME:

0830

FINISH TIME:

945

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.	/		
3	Ensure that no personnel are in area of relief piping discharge. 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.

N/A

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:

71

Gallo

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST TIME CLOCK, LIGHTING

SITE AND BLDG #: R 171-C1

MECHANIC  
SIGNATURE: 

DATE: 5/3/18

LOCATION/RM #: OUTSIDE

WO# 8656

ASSET # 7381

START TIME: 0930

FINISH TIME: 0940

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.		Ma	
2	Check physical connections.	✓		
3	Verify the timeclock configuration, ensure proper operation.		at 1	
4	If applicable, check battery and replace as needed.		Ma	

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:

Photo CU

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