

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

FACID/Building: Pr 183 Date of Visit: 5/9/19

Contractor Personnel on Site:

- | | |
|-------------------------|-----------------------|
| 1. <u>Tony Green</u> | 4. <u>Gray Batzli</u> |
| 2. <u>Jim Geertgens</u> | 5. _____ |
| 3. <u>Scott Wern</u> | 6. _____ |

Work Performed:

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

- | |
|----------------|
| 1. <u>8243</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: AC Napier Date: 5/9/19
Signed: [Signature]

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DEHUMIDIFIER

SITE AND BLDG #:

PA 183 01

MECHANIC
SIGNATURE:


DATE:

5/8/19

LOCATION/RM #: 100

WO# 8743

ASSET # 5053

START TIME:

1220

FINISH TIME:

1235

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.		—	
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	Check water inlet and outlet for any leaks, repair as needed.			
2	Clean and/or replace filter as needed.	—	N/A	
3	If applicable, check hours per usage, replace tanks's as needed.		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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DEHUMIDIFIER

SITE AND BLDG #:

PA 183-01

MECHANIC
SIGNATURE:

[Signature]

LOCATION/RM #:

WO# 5943

ASSET # 5060

START TIME:

1725

DATE:

5/2/19

FINISH TIME:

1735

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.		—	
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	Check water inlet and outlet for any leaks, repair as needed.		NA	
2	Clean and/or replace filter as needed.		NA	
3	If applicable, check hours per usage, replace tanks as needed.		NA	

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:

Humidifier