

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. Tony Grans
2. Jon Geertgens
3. Scott Wenz

4. Greg Batzel
5. _____
6. _____

Work Performed:

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

1. 8243
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jon Geertgens

Date: 5-9-19

Signed: Jon Geertgens

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 Major ASR

Date: 5/9/19

Signed: ABSL

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DEHUMIDIFIER

SITE AND BLDG #: Pt 183-01

LOCATION/RM #: 100

WO# 8743

ASSET # 5053

MECHANIC
SIGNATURE:


START TIME: 1220

DATE: 5/8/19

FINISH TIME: 1235

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE YES NO	NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)

- 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.
- 3 If applicable, check hours per usage, replace tanks 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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DEHUMIDIFIER

SITE AND BLDG #:

PA 183-a

MECHANIC
SIGNATURE:
General

LOCATION/RM #:

WO# 5743

ASSET # 5060

DATE: 5/2/19

FINISH TIME: 1235

START TIME: 1225

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE YES NO	NOTES/ ACTIONS
			(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)

- 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.
- 3 If applicable, check hours per usage, replace tanks 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:

Humidification