

CERTIFICATION OF WORK

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

FACID/Building: PA193 Date of Visit: 4/12/19

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Tony Cozans</u> | 4. _____ |
| 2. <u>Jim Geertsen</u> | 5. _____ |
| 3. <u>Gary Beitzer</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>8257</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: J. Geertsen Date: 4-11-19

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: K. Myslinski Date: 4-12-19

Signed: K. Myslinski

E-Mail:

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

FACID/Building: Pc 193 Date of Visit: 4/12/19

Contractor Personnel on Site:

- | | | | |
|----|---------------------|----|-------|
| 1. | <u>Tony Corrao</u> | 4. | _____ |
| 2. | <u>Jim Geertjes</u> | 5. | _____ |
| 3. | <u>Gary Deiters</u> | 6. | _____ |

Work Performed:

Other Recurring Services

- | | | |
|----|-------------|-------|
| 1. | <u>8330</u> | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertjes Date: 4-11-19
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: K. Myslinski Date: 4-12-19
Signed: K. Myslinski

F-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST AIR CURTAIN

SITE AND BLDG #:

P-183

MECHANIC
SIGNATURE:

T. L.

DATE:

4/12/18

LOCATION/RM #:

WO#

657

ASSET #

6383

START TIME:

0900

FINISH TIME:

0921

CHECK POINT	CHECK POINT DESCRIPTION	PASS/COMPLIANT		NOTES/ACTIONS (If not recommended, state corrective action to be taken)
		YES	NO	
SPECIAL INSTRUCTIONS				
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	Disconnect the power to the unit.			
2	Remove the intake grille by removing all screws around the edges.			
3	Vacuum and wash (if necessary) to remove the buildup of dirt and debris.			
4	If necessary, lubricate the motors.			
5	Reinstall the cover and intake grille.			
6	Verify proper operation of unit. Make and/or recommend any needed repairs.			

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:

Safety Props

16

Pc

1 Safety Prop

in each

room

room