

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: WU038

Date of Visit: 8/5/19

Contractor Personnel on Site:

1. Scott Werry

4.

2.

5.

3.

6.

Work Performed:

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

1. 10202, 10397, 10486

2.

3.

4.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry

Date: 8/5/19

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: SSG Hassell, Samuel E

Date: 8/5/19

Signed: SE

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

FacID/Building: WUQ38 Date of Visit: 8/5/19

Contractor Personnel on Site:

1. Scott Werry
2.
3.
4.

5.
6.

Work Performed:

Other Recurring Services

1. 10357
2.
3.
4.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry Date: 8/5/19
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: SSG Hassell, Samuel R. Date: 8/5/19
Signed: BSR

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: WU 038 - C

MECHANIC SIGNATURE:

DATE:

LOCATION/RM #:

START TIME: 12:10

FINISH TIME: 12:15

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
WU038	10222	30LE	1630LE				air filter	

CHECKPOINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace both internal and external filters as necessary.	<input checked="" type="checkbox"/>		
2	Label and Date Filter	<input checked="" type="checkbox"/>		
3	Did YELLOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>		
3	Did all High Asset Filters get Changed	<input checked="" type="checkbox"/>		Make sure YELLOW Maint Tag is initialed on Asset
4	Size			NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>		

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: GMW **Additional Notes:**

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: **WNV 038 - 01**
LOCATION/RM #: **CUT 001**

MECHANIC SIGNATURE: *Scott M. Miller*

DATE: **8/11/18**

START TIME:

FINISH TIME:

<u>Site Location</u>	<u>WO #</u>	<u>Asset #</u>	<u>PM #</u>	<u>Manufacturer</u>	<u>Model Number</u>	<u>Serial #</u>	<u>Asset Description</u>	<u>Asset Location</u>
CUT 001	10289	3186	KA306				Make of unit	CUT 001

<u>CHECK POINT</u>	<u>CHECKPOINT DESCRIPTION</u>	<u>TO BE PERFORMED AT EACH INSPECTION SERVICE</u>		<u>NOTES/ACTIONS</u> (IF TASK COMPLETE IS CHECKED NO. PROVIDE EXPLANATION)
		<u>YES</u>	<u>NO</u>	
1	Check, clean, and/or replace both internal and external filters as necessary.			
2	Label and Date Filter			
3	Did YELLOW Maintenance Tag get Initiated			
3	Did all High Asset Filters get Changed			Make sure YELLOW Maint Tag is initialed on Asset
01	Size			

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: GMW **Additional Notes:**

Make of unit **CUT 001** *Un. r*
No. filters

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: WU 038-01

LOCATION/RM #: GUTS/2

MECHANIC SIGNATURE:

DATE:

Scott Miller 8/1/18

START TIME:

FINISH TIME:

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
GUTS	10262	3187	P6300				Make up air GUTS GUTD	GUTS

CHECK POINT	CHECKPOINT DESCRIPTION	TO BE PERFORMED AT EACH INSPECTION SERVICE		NOTES/ACTIONS (IF TASK COMPLETELY CHECKED NO. PROVIDE EXPLANATION)
		YES	NO	
1	Check, clean, and/or replace both internal and external filters as necessary.			
2	Label and Date Filter			
3	Did YELLOW Maintenance Tag get Initiated			
3	Did all High Asset Filters get Changed			Make sure YELLOW Maint Tag is initiated on Asset
03	Size			NOTES/ACTIONS (IF TASK COMPLETELY CHECKED NO. PROVIDE EXPLANATION)

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: GMW **Additional Notes:**

GUT
Door Unit
x6
Filter.