

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: WVQ38

Date of Visit: 5/2/19

Contractor Personnel on Site:

1. Tony Brown
2. Jim Gertzen
3. Gary Beitzel

- 4.
- 5.
- 6.

Work Performed:

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

1. 8498
2. 8613
3. 8801
4. 8702

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gertzen

Date: 5-2-19

Signed: Jim Gertzen

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: Denis, Shaw SSG Date: 20190502

Signed: Denis Shaw

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

FacID/Building: WV 038 Date of Visit: 5/2/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Geertzen
3. Gary Bartzel

- 4.
- 5.
- 6.

Work Performed:

Other Recurring Services

1. 8573
- 2.
- 3.
- 4.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Geertzen Date: 5-2-19
Signed: John Geertzen

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: Dennis, SSG, SSG Date: 20190505
Signed: Dennis

E-Mail: Ssgw.s.m.d

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ICE MAKER

SITE AND BLDG #: W V 038 ~

LOCATION/RM #: Kitchen WO# 8613

ASSET # 6789

MECHANIC
SIGNATURE: *John*

DATE: 5/2/18

START TIME: 8:30

FINISH TIME: 9:00

ITEM #	DESCRIPTION	INSPECTED (COMPLETED) YES / NO	NOTES/REMARKS	
			(IF NOT COMPLETED OR HIGHLIGHTED, PROVIDE EXPLANATION)	
1	Review manufacturer's instructions.	/		
2	De-energize, lock out, and tag electrical circuits.	/		
3	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	/		
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	/		
5	Only approved cleaning chemicals shall be used.	/		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	/		
2	Visually check for refrigerant, oil and water leaks.	/		
3	Inspect ice condition/size.	/		
4	As needed, drain and clean unit with proper ice machine cleaning solution.	/		
5	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.	/		
6	Check and tighten any loose screw-type electrical connections.	/		
7	Check all controls; adjust if necessary.	/		
8	Examine water connection, open and close water valve; test ice dispensing valve and (door) metering adjustment.	/		
9	Check and clear ice machine draining system (drain vent, strainer, trap).	/		
10	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	/		
11	Clean motor, compressor, and condenser coil.	/		

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - ELECTRIC

SITE AND BLDG #: *WU 038 - 01*LOCATION/RM #: *Baker* WO# *8613*ASSET # *6926*

MECHANIC

SIGNATURE: *Anton*DATE: *02/13*START TIME: *830*FINISH TIME: *845*

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 energy prior to beginning work.			
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. Ensure that no personnel are in area of relief piping discharge.			
3	Check all connections - electric and water. Tighten as necessary. Ensure power is disconnected to electric heaters			
4	Check operation/ setting of aquastat. Check hot water temperature with dial thermometer, set aquastat at minimum			
5	Check amperage draw of upper and lower elements and compare to name plate data.			
6	Clean element contacts, and check for proper closing under load.			
7	Clean pump, controls, switches, and starters. Check condition of pump seal or packing, and replace as required.			
8	If applicable. Remove and inspect Anode, replace if necessary			
9	Clean up work area and remove trash.			

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.