

CERTIFICATION OF WORK

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

FACID/Building: WU 041

Date of Visit: 3/25/19

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Tony Lorenz</u> | 4. _____ |
| 2. <u>Jim Geerhens</u> | 5. _____ |
| 3. <u>Scott Wern</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>7755</u> | _____ |
| 2. <u>7981</u> | _____ |
| 3. <u>7837</u> | _____ |
| 4. <u>8008</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geerhens Date: 3-25-19

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: Julia L. Bauer Date: 2019 03 25

Signed: Julia L. Bauer

E-Mail:

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

FACID/Building: WU041

Date of Visit: 3/25/19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Tony Lorenz</u> | 4. _____ |
| 2. <u>Jim Geertgens</u> | 5. _____ |
| 3. <u>Scott Werry</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>7423</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 3-25-19

Signed: 

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: Selia L Barr Date: 2019 03 25

Signed: 

F-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **GREASE TRAP**

SITE AND BLDG #: WV 041 -01

MECHANIC

SIGNATURE: [Signature]DATE: 3/20/19LOCATION/RM #: Kitchen WO# 7755 ASSET # 7487START TIME: 1045FINISH TIME: 1100

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		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.		✓	
3	Insure proper grease disposal.		✓	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Do not use enzymes, acids, caustics, solvents or emulsifying products when cleaning or maintaining the grease traps.	✓		
2	Remove lid. If the trap is equipped with removable baffles, remove them.	✓		
3	Make sure the flow restrictor on the inflow pipe is present.	✓		
4	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.	✓		
5	Replace lid and baffles.	✓		
6	Return (or fill) water to grease trap	✓		
7	Record grease trap maintenance activities on your log or request a receipt from your grease hauler. Keep records for 3 years.	✓		

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 discription of the deficiency.

To be performed by: General Maintenance Technician

Additional Notes: