

CERTIFICATION OF WORK

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

FACID/Building: WU-041

Date of Visit: 5/21/19

Contractor Personnel on Site:

1. SCOTT WERRY
2. CRAIG BELL
3. _____

4. _____
5. _____
6. _____

Work Performed:

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

1. Boiler Inspection
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: SCOTT WERRY

Date: 5/21/19

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: Julia L. Barr

Date: 20190522

Signed: Julia L Barr

CERTIFICATION OF WORK

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

FACID/Building: WV 041

Date of Visit: 5/22/19

Contractor Personnel on Site:

1. Tony Lazrus

2. Jim Gertjen

3. Greg Beitzel

4. _____

5. _____

6. _____

Work Performed:

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

1. 8492 8683

2. 8649 8734

3. 8793

4. 8536

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gertjen

Date: 5-22-19

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. Ball

Date: 20190522

Signed: Julia L. Ball

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

FACTID/Building: WV 041

Date of Visit: 5/22/19

Contractor Personnel on Site:

1. Tony Czarus

2. Jim Geertgen

3. GARY BEITZEL

4. _____

5. _____

6. _____

Work Performed:

Other Recurring Services

1. 8600

2. _____

3. _____

4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgen

Date: 5-22-19

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: Julia L. Barr

Date: 20190522

Signed: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: WV 041-01

MECHANIC
SIGNATURE: [Signature]

DATE: 5/22/19

LOCATION/RM #: Boiler Room

START TIME: 800

FINISH TIME: 830

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
WV 041	2492	3053	PS335	TRANE	MCCB01	K69C	AIR HANDLER	Boiler Room

WACCOW 51732

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS
		YES	NO	(IF TASK COMPLETE / CHECKED NO, PROVIDE EXPLANATION)
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace both internal and external filters as necessary.	✓		
2	Label and Date Filter	✓		
3	Did YELLOW Maintenance Tag get Initialed	✓		Make sure YELLOW Maint Tag is initialed on Asset
3	Did all High Asset Filters get Changed			
Qty	Size	NOTES/ACTIONS		
(IF TASK COMPLETE / CHECKED NO, PROVIDE EXPLANATION)				
4	20 x 25 x 2			

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 #: WV 041 -01

MECHANIC
SIGNATURE: [Signature]

DATE: 5/22/18

LOCATION/RM #: Barker Room

START TIME: 8300

FINISH TIME: 900

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
WV041	8492	3142	16-20	TRANE	TVDV03 K80M1500		AIR HANDLER MD-1	Barker Room

CHECK POINT	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.	/		
2	Label and Date Filter	/		
3	Did YELLOW Maintenance Tag get Initialed	/		
3	Did all High Asset Filters get Changed			Make sure YELLOW Maint Tag is initialed on Asset
Qty	Size			NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
2	16 x 20 Filter Materials			

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor only). Repairs in excess of \$250 shall be performed at the discretion of the technician and the customer.

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 #: WV 041-C1

MECHANIC
SIGNATURE: [Signature]

DATE: 5/22/19

LOCATION/RM #: Baker Room

START TIME: 830

FINISH TIME: 845

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
Bldg 4	8492	3162	AG 2-13	TAPP	BOCCB008	K09L51718	AIR Handler R11A 1	Baker

WASOW

CHECK POINT	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"/>	<input type="checkbox"/>	
2	Label and Date Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Did YELLOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Did all High Asset Filters get Changed	<input type="checkbox"/>	<input type="checkbox"/>	Make sure YELLOW Maint Tag is initialed on Asset
Qty	Size			NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
4	20x20x2			

Note: The technician shall perform any remaining "if" tasks.

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:**