

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: WU-041

Date of Visit: 5/2/19

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: 5/2/19

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: Julie L. Barr Date: 20190522

Signed: Julie L. Barr

ATTACHMENT J-0200000-05
FORMS

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 Lazarus
2. Jim Gertjen
3. Greg Bartzel

- 4.
- 5.
- 6.

Work Performed:

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

1. 8492 8683
2. 8649 8734
3. 8793
4. 8538

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Gertjen 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: Julie L. Barr Date: 20190522

Signed: 

OTHER RECURRING SERVICES 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 Gerasus
2. Jim Geertges
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 Geertges Date: 5-22-19

Signed: Jim Geertges

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

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: WV 041-01

LOCATION/RM #: Boiler Room

MECHANIC SIGNATURE:

DATE:

START TIME:

800

FINISH TIME:

830

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
WV 041	8492	3053	P6335	TRANE	MCCB61	K09C	AIR HANDLER	Boiler Room

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETED		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	/		Make sure YELLOW Maint Tag is initialed on Asset
3	Did all High Asset Filters get Changed	/		
OTHER				
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
LOCATION/RM #: Boiler Room

MECHANIC SIGNATURE: *Johnston* DATE: 5/22/19
START TIME: 8:30 FINISH TIME: 9:00

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
WV 041	8492	3142	FG-303	TRANE	TV1003	K80M1500	AIR HANDLER MU-1	Boiler 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.	<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 Initiated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Make sure YELLOW Maint Tag is initiated on Asset
3	Did all High Asset Filters get Changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
AS				
Size				
2	16 x 20	Filter Material	<input type="checkbox"/>	
			<input 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 #: NV 041-61
LOCATION/RM #: Balcony Rm

MECHANIC SIGNATURE: *[Signature]* **DATE:** 5/22/19
START TIME: 8:30 **FINISH TIME:** 8:45

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
BV041	8492	3162	AS253	TRANS	MCCB008	K09L81718	AIR Handler Rm 1	Balcony

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	-		Make sure YELLOW Maint Tag is initialed on Asset
3	Did all High Asset Filters get Changed			
Qty	Size			NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
4	20x20x2			

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:**