

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: WU41 Date of Visit: 8-22-19

Contractor Personnel on Site:

1. Jim Geertgens
2. Scott Wickey
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. 10196
2. 10433
3. 10243
4. 10467

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 8-22-19

Signed: Jim Geertgens

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. Bau Date: 20190822

Signed: Julie L. Bau

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

FacID/Building: WV 001-002 Date of Visit: _____

Contractor Personnel on Site:

1. Tom Gceelgans
2. SCOTT WERKJ
3. _____
4. _____
5. _____
6. _____

Work Performed:

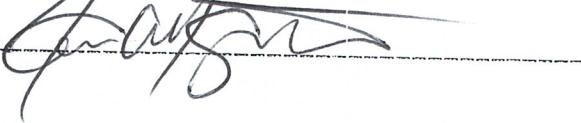
Other Recurring Services

1. 10324
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tom Gceelgans Date: 8-22-19

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: 20190822

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: WU 041 -02

LOCATION/RM #: 001

**MECHANIC
SIGNATURE:**

DATE:

8/22/18

START TIME:

916

FINISH TIME: 930

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
001	10243	3007	P03407	Bryant	3VCAAV	0411A09510	FOR FORCE	001

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE CHECKED AND PROVIDED 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	/		
NOTES/ADDITIONS (IF TASK COMPLETE CHECKED AND PROVIDED EXPLANATION)				
16x25x1 - 1				

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:**

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