

CERTIFICATION OF WORK

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

FACID/Building: WV041

Date of Visit: 8-22-19

Contractor Personnel on Site:

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

Work Performed:

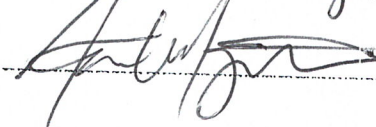
**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- |                 |       |
|-----------------|-------|
| 1. <u>10196</u> | _____ |
| 2. <u>10433</u> | _____ |
| 3. <u>10243</u> | _____ |
| 4. <u>10467</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

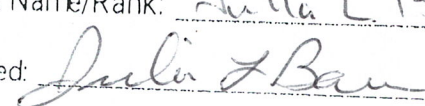
Print Name: Jim Geertgens Date: 8-22-19

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: 

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

FACID/Building: WV 001 102

Date of Visit: \_\_\_\_\_

Contractor Personnel on Site:

- |                       |          |
|-----------------------|----------|
| 1. <u>Jim Geelgus</u> | 4. _____ |
| 2. <u>Scott Werki</u> | 5. _____ |
| 3. _____              | 6. _____ |

Work Performed:

Other Recurring Services

- |                 |       |
|-----------------|-------|
| 1. <u>10324</u> | _____ |
| 2. _____        | _____ |
| 3. _____        | _____ |
| 4. _____        | _____ |

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jim Geelgus

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 #: WV 041 -02

MECHANIC  
SIGNATURE: [Signature]

DATE: 8/22/19

LOCATION/RM #: 001

START TIME: 915

FINISH TIME: 930

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
001	10243	3407	163407	Borgert	3VC-AAV	0411A07510	FORNACE	001

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE 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			
GMW	Size			NOTES/ACTIONS (IF TASK COMPLETE CHECKED NO, PROVIDE 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:**