

CERTIFICATION OF WORK

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

FACID/Building: WV 041

Date of Visit: 6/25/19

Contractor Personnel on Site:

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

Work Performed:

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

- | | |
|----------------|-------------|
| 1. <u>9305</u> | <u>9434</u> |
| 2. <u>9440</u> | _____ |
| 3. <u>9111</u> | _____ |
| 4. <u>9347</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Cozma

Date: 6/25/19

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: SSG Jun

Date: 6/25/19

Signed: [Signature]

E-Mail:

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

FACID/Building: WV 041-01

Date of Visit: 6/25/19

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>9239</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony LAZZARO Date: 6/25/19

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: SSG JON Date: 6/25/19

Signed: [Signature]

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GREASE TRAP

SITE AND BLDG #: WV 041-01

LOCATION/RM #: Kitchen WO# 9305 ASSET # 2487

MECHANIC SIGNATURE: [Signature]

DATE: 6/25/19

START TIME: 0830

FINISH TIME: 0845

ITEM NO.	CHECK POINT / DESCRIPTION	PASS / CORRECTIBLE		SPECIAL INSTRUCTIONS	NOTES / ACTIONS
		YES	NO		
	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.				
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 description of the deficiency.

To be performed by: General Maintenance Technician

Additional Notes:

CID IS RUSTING AWAY
RECOMMEND REPLACE GREASE TRAP