

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 #: WJ 041 - 02
LOCATION/RM #: OMS

MECHANIC SIGNATURE: 
DATE: 5/22/19
START TIME: 10:30
FINISH TIME: 10:45

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|----------|---------|--------|--------------|--------------|----------|-------------------|----------------|
| WJ041 | 85383467 | 103467 | Buyout | 300AMV | 0411N | 036060 | FURNACE | OMS |

| 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"/> | Make sure YELLOW Maint Tag is initialed on Asset |
| 3 | Did all High Asset Filters get Changed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| SIZE | | | | |
| 1 | 16X25 X1 | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <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: CMW **Additional Notes:**