

CERTIFICATION OF WORK

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

FACID/Building: WU-041

Date of Visit: 5/21/19

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: 5/21/19

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: Julia L. Barr

Date: 20190522

Signed: Julia L Barr

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 Lazrus

2. Jim Gertjen

3. Greg Beitzel

4. _____

5. _____

6. _____

Work Performed:

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

1. 8492 8683

2. 8649 8734

3. 8793

4. 8536

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gertjen

Date: 5-22-19

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: Julia L. Ball

Date: 20190522

Signed: Julia L. Ball

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

FACTID/Building: WV 041

Date of Visit: 5/22/19

Contractor Personnel on Site:

1. Tony Czarus
2. Jim Geertgen
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 Geertgen

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: Julia L. Barr

Date: 20190522

Signed: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: WV 041 - 02
LOCATION/RM #: OMS

MECHANIC SIGNATURE: [Signature] DATE: 5/22/19
START TIME: 1030 FINISH TIME: 1045

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
WV041	8538	3467	1903407	Bryant	3400ANV	0911N	FURNACE	OMS
					036060	04810		

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)		
1	16x25x1			

Note: The technician shall use the correct size and type of filter.

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:**