

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)

EACID/Building: WV 041-01

Date of Visit: 6/25/19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Tony LAZZARUS</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 LAZZARUS 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
UNIT HEATER, INFRA-RED, RADIANT, GAS

SITE AND BLDG #: WU 001 - 52

MECHANIC
SIGNATURE: *[Signature]*

DATE: 6/25/19

LOCATION/RM #: OM1 WO# 9434 ASSET # 4587

START TIME: 0900

FINISH TIME: 0930

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	

- 1 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 to.
- 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.

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✓

- 1 For gas/oil heaters:
 - 1 Remove access panels if applicable.
 - 2 Check the fire box liner or refractory for cracks and leaks.
 - 3 Check all gas lines for leaks. Repair as needed.
- Clean dirt from heater, vacuuming is preferred.
- Check operation of gas valve.
- Check for gas leaks.
- Check operation of thermostat.
- If applicable, replace primary air intake filter.
- As needed, clean spark electrode and reset gap, replace if necessary.
- Inspect flue pipe and connections.
- If applicable, inspect and clean outside air blower and blower intake.
- Inspect unit for proper operation.
- Inspect unit for overall condition and recommend for replacement or other needed repairs.

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Note The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For

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