

CERTIFICATION OF WORK

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

FACID/Building: WV043

Date of Visit: 6/21/19

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Tony Green</u> | 4. _____ |
| 2. <u>Jim Geertzen</u> | 5. _____ |
| 3. <u>Scott Berry</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------------|
| 1. <u>9170</u> | <u>9357</u> |
| 2. <u>9177</u> | <u>9473</u> |
| 3. <u>9408</u> | _____ |
| 4. <u>9166</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertzen

Date: 6-21-19

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: SSG Rose, Benjamin A

Date: 21 Jun 2019

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST EXHAUST FANS

SITE AND BLDG #: WV 043 -C1

LOCATION/RM #: DRU
1111

WO# 970

ASSET # 3921

MECHANIC
SIGNATURE: 

START TIME: 1230

DATE: 6/21/18

FINISH TIME: 1245

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.		<input checked="" type="checkbox"/>	
2	Schedule shutdown with operating personnel, as needed.	<input checked="" type="checkbox"/>		
3	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.		<input checked="" type="checkbox"/>	
1	Clean unit, especially fan blades.	<input checked="" type="checkbox"/>		
2	Inspect pulleys, belts, couplings, etc.; adjust tension and tighten mountings as necessary. Change badly worn belts. Multiple belts should be replaced with matched sets.	<input checked="" type="checkbox"/>		
3	Perform required lubrication and remove old or excess lubricant.	<input checked="" type="checkbox"/>		
4	Clean motor with vacuum or low pressure dry air (less than 40 psig). Check for obstructions in motor cooling and air flow.	<input checked="" type="checkbox"/>		
5	Check structural members, vibration eliminators, and flexible connections. Check fan housing to ensure there is no damage and the housing is tight.	<input checked="" type="checkbox"/>		
6	Start unit and check for vibration and noise.	<input checked="" type="checkbox"/>		
7	Remove all trash and debris.	<input checked="" 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 exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed discription of the deficiency.
To be performed by: General Maintenance Worker

Additional Notes:

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BY