

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: WU 053

Date of Visit: 8/23/19

Contractor Personnel on Site:

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

Work Performed:

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

- | | |
|-----------------|-------|
| 1. <u>10216</u> | _____ |
| 2. <u>10434</u> | _____ |
| 3. <u>10229</u> | _____ |
| 4. <u>10465</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Gorman Date: 8/23/19
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: Aaron M. Crum WS-09 Date: 23 AUG 19
Signed: [Signature]

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

FACID/Building: WU 053

Date of Visit: 8/23/19

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- | | |
|-----------------|-------|
| 1. <u>10346</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Gorman

Date: 8/23/19

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: Aaron M. Cronin WS-09

Date: 23 AUG 19

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: WU053101

LOCATION/RM #: Boiler Room

MECHANIC
SIGNATURE: 

DATE: 8/23/11

START TIME: 0915

FINISH TIME: 0950

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
<u>Boiler Room</u>	<u>10216</u>	<u>3123</u>	<u>163123</u>	<u>Flame</u>	<u>MCS60126</u>	<u>1C761510</u>	<u>AIRU 2</u>	<u>Boiler Room</u>

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		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"/>		
2	Label and Date Filter	<input checked="" type="checkbox"/>		
3	Did YELLOW Maintenance Tag get Initialed	<input checked="" type="checkbox"/>		
3	Did all High Asset Filters get Changed			Make sure YELLOW Maint Tag is initialed on Asset
6	Size			
6	16x20x9	<input checked="" type="checkbox"/>		

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and materials) and shall provide a written estimate for repairs in excess of \$250.

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:**

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST Filter Replacement

SITE AND BLDG #: WV053-01

LOCATION/RM #: Barker Room

MECHANIC
SIGNATURE: 

DATE: 8/23/18

START TIME: 09:00

FINISH TIME: 09:50

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
<u>Barker Room</u>	<u>10216</u>	<u>3130</u>	<u>163122</u>	<u>TRANE</u>	<u>ACC01011</u>	<u>129648</u>	<u>120A-3</u>	

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS <small>(IF TASK COMPLETE/CHECKED NO, PROVIDE EXPLANATION)</small>
		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"/>	
3	Did all High Asset Filters get Changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Make sure YELLOW Maint Tag is initialed on Asset
8/4	Size			NOTES/ACTIONS <small>(IF TASK COMPLETE/CHECKED NO, PROVIDE EXPLANATION)</small>
2	20 x 20 x 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	16 x 21 x 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Note: The technician shall perform any repairs identified during PM up to \$250 (diagnose labor and diagnosis included).

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:**

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: WU 053-01
LOCATION/RM #: 20

MECHANIC SIGNATURE: [Signature] DATE: 8/23/19
START TIME: 0915 FINISH TIME: 0915

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
20	10216	3419	R6307	NO ULSIDE	MARK			20

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE / 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	—		
3	Did all High Asset Filters get Changed	—		Make sure YELLOW Maint Tag is initialed on Asset
OV	Size			NOTES/ACTIONS (IF TASK COMPLETE / CHECKED NO, PROVIDE EXPLANATION)
6	20 x 20 x 2	—		

Note: The technician shall perform any repairs identified during PM up to \$250 (dissect labor and diagnosis only).

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:**