

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: WV0503

Date of Visit: 3/25/19

Contractor Personnel on Site:

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

Work Performed:

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

- | | |
|----------------|-------------|
| 1. <u>7730</u> | <u>7783</u> |
| 2. <u>7765</u> | <u>7949</u> |
| 3. <u>8023</u> | <u>7732</u> |
| 4. <u>7734</u> | _____ |

CERTIFICATION OF WORK

BK

To be signed by the Contractor:

Print Name: Jim Greengard Date: 3-25-19

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: Don Shawyer Date: 25 MAR 19

Signed: [Signature]

E-Mail:

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

FACID/Building: WV 053-01

Date of Visit: 3/25/19

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>7548</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

OK

To be signed by the Contractor:

Print Name: Jim Georges Date: 3-25-19

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: Don Showalter Date: 25 MAR 19

Signed: *[Signature]*

F-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST TANKS, WATER STORAGE

SITE AND BLDG #: WU053-03

MECHANIC

SIGNATURE: [Signature]DATE: 3/2-18LOCATION/RM #: 0236WO# 7732ASSET # 507START TIME: 9:15FINISH TIME: 4:30

CHECK POINT	CHECK POINT DESCRIPTION	TASK COMPLETED		NOTES/ACTIONS (If task is completed, check box and provide any additional notes)
		YES	NO	
SPECIAL INSTRUCTIONS				
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.		✓	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Examine exterior of tank including fittings, manholes, and handholes for leaks, signs of corrosion, and correct as indicated.	✓		
2	Inspect structural supports and repair or replace damaged insulation or covering. If insulation contains asbestos and is damaged or eroded, it is considered a hazardous waste.	✓		
3	Clean, test and inspect sight glasses, valves, fittings, drains, and controls.		✓	
4	Clean up work site.	✓		

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: General Maintenance Worker

Additional Notes:

BK