

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 Shoultz Date: 25 MAR 19

Signed: *[Signature]*

F-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST VEHICLE EXHAUST REMOVAL

SITE AND BLDG #: WU053 100

LOCATION/RM #: 0ms WO# 7783 ASSET # 8033

MECHANIC
SIGNATURE: *[Signature]*

DATE: 3/25/19

START TIME: 8:45

FINISH TIME: 9:15

ITEM POINT	DESCRIPTION	TASK COMPLETED		NOTES/ACTIONS (If task completed, check box or 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.		/	
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.		/	
	Start and stop fan with local switch		/	
2	Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings.	/		
3	Inspect, adjust belts and pulleys. Replace belt as needed.	/		
4	Clean dampers; lubricate pivot points (annually) and inspect linkages for tightness.	/		
5	Inspect fan for bent blades, unbalance, excessive noise and vibration.	/	NA	
6	Clean fan as needed.	/		
7	Visually inspect exhaust system tubing and/or duct work for any damage that could result in leaks.	/		
8	Repair as needed	/		

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:

11 PC

PK