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

FACID/Building: WU 053   Date of Visit: 5/23/19

Contractor Personnel on Site:

1. Tony Cazzus
2. Jim Geertgen
3. Scott Berry
4. _____
5. _____
6. _____

Work Performed:

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

1. 8513   8681
2. 8650   8789
3. 8788
4. 8526

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens   Date: 5-23-19

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: Don Shemitz   Date: 23 MAY 19

Signed: _____

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

FACID/Building: __WV 053-0)__   Date of Visit: __5/23/19__

Contractor Personnel on Site:

1. Tony Gazneis   4. _____
2. Jim Geestjes   5. _____
3. Scott Webr   6. _____

Work Performed:

Other Recurring Services

1. 6772
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geestjens   Date: 5-23-19

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: Den Shawnita   Date: 23 May 19

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
Filter Replacement

SITE AND BLDG #: WU053-02

LOCATION/RM #: 214

MECHANIC SIGNATURE: _(signature)_

DATE: 5/23/19

START TIME: 830

FINISH TIME: 845

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description		Asset Location
WU053	8526	3166	FR3166	TRANE AOOPBA	MCCA0036 4B12C	K96F	AHU 1		214

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS 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

Qty	Size			NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
1	20 x 25 x 4	✓		

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 O53 -02**

LOCATION/RM #: **265**

MECHANIC SIGNATURE: _[signature]_ DATE: **5/23/19**

START TIME: **815**   FINISH TIME: **8 30**

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description		Asset Location
WU O53	8526	3405	FO3KG 036	Payor	PFIMNP	3202N522 -15	FURNACE	AHU - 1	265

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS 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

Qty	Size			NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
1	WASHABLE		✓	

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:**