

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. Tony Crum
2. Scott Berry
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

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

1. 10216
2. 10434
3. 10229
4. 10465

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Crum

Date: 8/23/19

Signed: T. Crum

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 WU5-09 Date: 23 AUG 19

Signed: Aaron M. Crum

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</u>	<u>Graves</u>	4.
2. <u>Scott</u>	<u>Wemy</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 Graves Date: 8/23/19  
Signed: Tony Graves

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. Conner WS-09 Date: 23AUG19  
Signed: Aaron M. Conner

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
*Filter Replacement*

SITE AND BLDG #: WU 053-02  
LOCATION/RM #: 214

MECHANIC SIGNATURE

DATE:

8/23/18

START TIME: 010

FINISH TIME: 1024

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
214	10223	3166	103166	TRANE	MCC-000	KSCF	AHU - 1	214

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETELY CHECKED NO PROVIDED EXPLANATION)
		YES	NO	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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
<b>NOTES/ACTIONS</b>				
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 #: WU053-01  
LOCATION/RM #: 205

MECHANIC SIGNATURE: *Scott M. Wray* DATE: 8/23/18  
START TIME: 8:00 FINISH TIME: 8:15

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
205	10209	3605	K03166	Pazm	PRIMMN	32-27822	FORNN	205

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO PROVIDED EXPLANATION)
		YES	NO	
1	Check, clean, and/or replace both internal and external filters as necessary.	✓		WNS18ce P.1hr
2	Label and Date Filter	✓		
3	Did YELLOW Maintenance Tag get Initiated	✓		Make sure YELLOW Maint Tag is initialed on Asset
4	Did all High Asset Filters get Changed	✓		
5	Size	✓		
6				
7				
8				
9				

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:**