

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 Lizaru</u> | 4. _____ |
| 2. <u>Scott Berry</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 Lizaru

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 #: WU 053-02

LOCATION/RM #: 214

MECHANIC  
SIGNATURE: 

DATE: 8/13/18

START TIME: 1010

FINISH TIME: 1029

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
214	10223	316L	10316L	Trane	MSC 200	1256F	1111 - 1	214

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.	<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
Qty	Size			
1	20 x 25 x 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct materials) found exceeding \$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 #: WU053-01

LOCATION/RM #: 205

MECHANIC  
SIGNATURE: [Signature]

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	345	K0316	Papm	PR1MNN	3202A822	FORN	205

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS
		YES	NO	(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace both internal and external filters as necessary.	✓		WASIR 3ce R.1hr
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
ON	Size			NOTES/ACTIONS
				(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		✓		

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) and PM found exceeding \$250 open a corrective action.

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:**