

CERTIFICATION OF WORK

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

FACID/Building: PA003

Date of Visit: 12/6/18

Contractor Personnel on Site:

1. Tony Lizaros

2. Jim Geertgens

3. Scott Werry

4. Frank Sapienza

5. \_\_\_\_\_

6. \_\_\_\_\_

Work Performed:

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

1. 6548

2. 6651

3. 6589

4. 6716

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 12-6-18

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: Robert Taylor

Date: 20181206

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: P003-01 Date of Visit: 12/6/18

Contractor Personnel on Site:

- |                         |                        |
|-------------------------|------------------------|
| 1. <u>Tony Luzzo</u>    | 4. <u>Mark Spicera</u> |
| 2. <u>Jim Geertgens</u> | 5. _____               |
| 3. <u>Scott Wern</u>    | 6. _____               |

Work Performed:

Other Recurring Services

- |                |       |
|----------------|-------|
| 1. <u>6492</u> | _____ |
| 2. _____       | _____ |
| 3. _____       | _____ |
| 4. _____       | _____ |

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**CERTIFICATION OF WORK**

To be signed by the Contractor:


Print Name: Jim Geertgens Date: 12-6-18

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: Robert Treder Date: 20181206

Signed: 

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

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST UNIT HEATER, INFRA-RED, RADIANT, GAS

SITE AND BLDG #:

Pa 003 - 02

MECHANIC

SIGNATURE:



DATE:

12/6/18

LOCATION/RM #:

WO#

6716

ASSET #

4262

START TIME:

1730

FINISH TIME:

1145

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, 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 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.	/		
1	For gas/oil heaters:			
	1. Remove access panels if applicable.	/		
	2. Check the fire box liner or refractory for cracks and leaks.	/		
	3. Check all gas lines for leaks. Repair as needed.	/		
2	Clean dirt from heater, vacuuming is preferred.	/		
3	Check operation of gas valve.	/		
4	Check for gas leaks.	/		
5	Check operation of thermostat.	/		
6	If applicable, replace primary air intake filter.	/		
7	As needed, clean spark electrode and reset gap, replace if necessary.	/		
8	Inspect flue pipe and connections.	/		
9	If applicable, inspect and clean outside air blower and blower intake.	/		
10	Inspect unit for proper operation.	/		
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	/		

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For