

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: P4003 Date of Visit: 12/6/18

Contractor Personnel on Site:

1. Tony Lazars
2. Jim Geertges
3. Scott Warr
4. Funk Spierza
5. \_\_\_\_\_
6. \_\_\_\_\_

*Work Performed:*

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

1. 6548
2. 6451
3. 6589
4. 6714

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertges 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 Testr Date: 20181286

Signed: 

E-Mail:

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

FacID/Building: 1003-01 Date of Visit: 12/6/18

Contractor Personnel on Site:

|                         |                       |
|-------------------------|-----------------------|
| 1. <u>Tony Lizzadro</u> | 4. <u>Mark Spires</u> |
| 2. <u>Tom Geertges</u>  | 5. _____              |
| 3. <u>Scott Wern</u>    | 6. _____              |

Work Performed:

Other Recurring Services

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

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jim Geertges Date: 12-6-18  
Signed: Jim Geertges

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 Fries Date: 20181206  
Signed: Robert Fries

E-Mail:

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

SITE AND BLDG #: *Pr 003 - 02*MECHANIC  
SIGNATURE: *Samuel W. Jones*DATE: *12/6/16*

LOCATION/RM #:

WO# *6716*ASSET # *4262*START TIME: *1730*FINISH TIME: *1145*

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE |    | NOTES/ ACTIONS<br>(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. */*
- 3 For gsa/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.
- 4 Clean dirt from heater, vaccuming is preferred. */*
- 5 Check operation of gas valve. */*
- 6 Check for gas leaks. */*
- 7 Check operation of thermostat. */*
- 8 If applicable, replace primary air intake filter. */*
- 9 As needed, clean spark electrode and reset gap, replace if necessary. */*
- 10 Inspect flue pipe and connections. */*
- 11 If applicable, inspect and clean outside air blower and blower intake. */*
- 12 Inspect unit for proper operation. */*
- 13 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