

CERTIFICATION OF WORK

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

FACID/Building: PAC11 - G1 +02 Date of Visit: 12/7/18

Contractor Personnel on Site:

- |                         |                       |
|-------------------------|-----------------------|
| 1. <u>Tony Luzzo</u>    | 4. <u>Scott Werry</u> |
| 2. <u>Jim Geertgens</u> | 5. _____              |
| 3. <u>Frankie Saper</u> | 6. _____              |

Work Performed:

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

- |                |             |
|----------------|-------------|
| 1. <u>6536</u> | <u>6717</u> |
| 2. <u>6579</u> | _____       |
| 3. <u>6645</u> | _____       |
| 4. <u>6604</u> | _____       |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 12-7-18

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: SGT Spangler, Tabitha Date: 2018/207

Signed: Tabitha Spangler

E-Mail: Tabitha.K.Spangler.mil@mail.mil

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

FACID/Building: P001 -01 Date of Visit: 12/7/18

Contractor Personnel on Site:

1. <u>Tony Lozano</u>	4. <u>Scott Berry</u>
2. <u>Jim Geertman</u>	5. _____
3. <u>Frank Sapienza</u>	6. _____

Work Performed:

Other Recurring Services

1. <u>Q501</u>	_____
2. _____	_____
3. _____	_____
4. _____	_____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertman Date: 12-7-18  
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: SGT Spangler, Tabitha K Date: 2018/207  
Signed: Tabitha Spangler  
E-Mail: Tabitha. K. Spangler. mil@ mail. mil

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GREASE TRAP

SITE AND BLDG #:

P 011-01

LOCATION/RM #:

Kitchen WO# 6579 ASSET # 7486

MECHANIC  
SIGNATURE:

*[Signature]*

DATE:

12/7/18

START TIME:

930

FINISH TIME:

940

CHECK POINT	CHECK/DESCRIPTION	STATUS/COMPLETION		SPECIAL INSTRUCTIONS
		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.		/	
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	Insure proper grease disposal.		/	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Do not use enzymes, acids, caustics, solvents or emulsifying products when cleaning or maintaining the grease traps.	/		
2	Remove lid. If the trap is equipped with removable baffles, remove them.	/		
3	Make sure the flow restrictor on the inflow pipe is present.	/		
4	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.	/		
5	Replace lid and baffles.	/		
6	Return (or fill) water to grease trap	/	N/A	
7	Record grease trap maintenance activities on your log or request a receipt from your grease hauler. Keep records for 3 years.	/		

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 discription of the deficiency.

To be performed by: General Maintenance Technician

Additional Notes:

12 inch of water  
Trap is clean