

CERTIFICATION OF WORK

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

FACID/Building: PA011 -01 +02 Date of Visit: 12/7/18

Contractor Personnel on Site:

1. Tom Lenz
2. Jan Beertjes
3. Frank Sapien
4. Scott Werry
5. _____
6. _____

Work Performed:

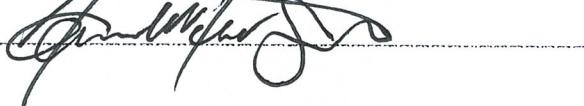
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 6536
2. 6579
3. 6645
4. 6604

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jan Beertjes Date: 12-7-18

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: SGT Spangler, Tabitha Date: 20181207

Signed: 

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: PC01 -01 Date of Visit: 12/7/18

Contractor Personnel on Site:

1. <u>Tony Lazzari</u>	4. <u>Scott Berry</u>
2. <u>Jim Geertgens</u>	5. _____
3. <u>Frank Spangler</u>	6. _____

Work Performed:

Other Recurring Services

1. <u>4501</u>
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: 20181207
Signed: Tabitha Spangler
E-Mail: Tabitha.K.Spangler.mil@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
VEHICLE EXHAUST REMOVAL

SITE AND BLDG #: *Pr 011 -02*LOCATION/RM #: *0MS* WO# *6604* ASSET # *8052*MECHANIC
SIGNATURE: *Pat Hall*DATE: *12/7/18*START TIME: *11:00 AM*FINISH TIME: *11:30 AM*

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.
- 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 Start and stop fan with local switch
- 4 Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings.
- 5 Inspect, adjust belts and pulleys. Replace belt as needed.
- 6 Clean dampers; lubricate pivot points (annually) and inspect linkages for tightness.
- 7 Inspect fan for bent blades, unbalance, excessive noise and vibration.
- 8 Clean fan as needed.
- 9 Visually inspect exhaust system tubing and/or duct work for any damage that could result in leaks.
- 10 Repair as needed.

DIRECT DRIVE- NO BELT

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

Additional Notes: