

CERTIFICATION OF WORK

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

FACID/Building: PA011 - 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 VEHICLE EXHAUST REMOVAL

SITE AND BLDG #:

Pr 011 -02

LOCATION/RM #:

Gms

WO#

6604

ASSET #

8058

MECHANIC

SIGNATURE:

[Signature]

START TIME:

11:00 AM

DATE:

12/7/18

FINISH TIME:

11:30 AM

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		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.			
1	Start and stop fan with local switch			
2	Check motor and fan shaft bearings for noise, vibration, overheating; lubricate bearings.			
3	Inspect, adjust belts and pulleys. Replace belt as needed.			
4	Clean dampers; lubricate pivot points (annually) and inspect linkages for tightness.			
5	Inspect fan for bent blades, unbalance, excessive noise and vibration.			
6	Clean fan as needed.			
7	Visually inspect exhaust system tubing and/or duct work for any damage that could result in leaks.			
8	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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: