

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

FACID/Building: P0017

Date of Visit: 12/20/18

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Geertgens
3. Scott Werny
4. Ronnie Superior
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work Performed:**

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

1. 6553
2. 6682
3. 6605
4. 6741

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 12-20-18

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: Leslie Linda Date: 12/20/18

Signed: Leslie Linda

E-Mail:

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

FacID/Building: Pr017-01 Date of Visit: 12/20/18

Contractor Personnel on Site:

- |                         |                          |
|-------------------------|--------------------------|
| 1. <u>Tom Lorenz</u>    | 4. <u>Frank Imparato</u> |
| 2. <u>Jim Geertgens</u> | 5. _____                 |
| 3. <u>Scott Wern</u>    | 6. _____                 |

Work Performed:

Other Recurring Services

- |                |
|----------------|
| 1. <u>6500</u> |
| 2. _____       |
| 3. _____       |
| 4. _____       |

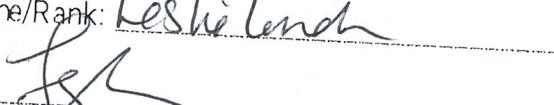
**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 12-20-18  
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: Leslie Lendh Date: 12/20/18  
Signed: 

E-Mail:

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**UNIT HEATER, ELECTRIC**

SITE AND BLDG #: *PA DID - 01*LOCATION/RM #: *Barker* WO# *6682* ASSET # *4153*MECHANIC  
SIGNATURE:  
*John C. G.*DATE: *12/20/18*

START TIME:

FINISH TIME:

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	Check heater coils and associated piping for leaks or corrosion.	✓		
2	Clean heating coil. Brush vacuum where accessible.	✓		
3	Inspect wiring and electrical controls for loose connections, charred, frayed or broken insulation, evidence of short circuiting, wrong size fuses, circuit breakers, or switches, and other electrical deficiencies. Tighten any loose connections.	✓		
4	Inspect fan for bent blades, unbalance, excessive noise and vibration.	✓		
5	Check motor and fan shaft bearings for noise, vibration, overheating, lubricate bearings.	✓		
6	Verify proper control by modulating the thermostat through complete cycle.	✓		
7	Inspect unit for proper operation.	✓		
8	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 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: HVAC Technician

*1 - PC*