

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. Frank 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. _____ |

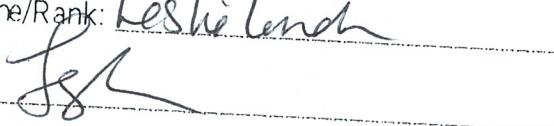
CERTIFICATION OF WORK

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
VEHICLE EXHAUST REMOVAL

SITE AND BLDG #: *Pr 017-02*LOCATION/RM #: *QMS* WO# *6605* ASSET # *8059*MECHANIC
SIGNATURE: *Galldot*DATE: *12/20/18*START TIME: *800*FINISH TIME: *830*

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.	/		
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	/		

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: