

CERTIFICATION OF WORK

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

FACID/Building: PAS20-01402 Date of Visit: 12/20/18

Contractor Personnel on Site:

- | | |
|------------------------|-----------------------|
| 1. <u>Tom Lorenus</u> | 4. <u>Frank Soper</u> |
| 2. <u>Jim Geertsen</u> | 5. _____ |
| 3. <u>Scott Werry</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>6692</u> | _____ |
| 2. <u>6599</u> | _____ |
| 3. <u>6723</u> | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: TIMOTHY S PETERS Date: 20 DEC 18

Signed: [Signature]

E-Mail: _____

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

FACID/Building: P-020 - 01 Date of Visit: 12/20/18

Contractor Personnel on Site:

- | | |
|------------------------|--------------------------|
| 1. <u>Tony Lazaro</u> | 4. <u>Frank Sapoznik</u> |
| 2. <u>Jim Gertgens</u> | 5. _____ |
| 3. <u>Scott Wein</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>647R</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: Timothy S Peters Date: 20 Dec 18

Signed: [Signature]

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST UNIT HEATER, ELECTRIC

SITE AND BLDG #:

P-000-01

MECHANIC
SIGNATURE:


DATE:

12/20/18

LOCATION/RM #:

7

WO# 6692

ASSET #

4170

START TIME:

1030

FINISH TIME:

1145

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