

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 Saperstein</u> |
| 2. <u>Jim Geertsen</u> | 5. _____                   |
| 3. <u>Scott Werny</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 VEHICLE EXHAUST REMOVAL

SITE AND BLDG #:

Progo - 02

MECHANIC

SIGNATURE:

Paul S. Lutz

DATE:

12/20/12

LOCATION/RM #: OM/

WO# 6899

ASSET #

8000

START TIME:

10:00 AM

FINISH TIME:

10:30 AM

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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.		✓	
TO BE PERFORMED AT MAINTENANCE SERVICE				
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.		✓	4L430 Belt
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: