

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

FACID/Building: P-042

Date of Visit: 12/11/18

Contractor Personnel on Site:

1. T. Geertgens
2. J. Geertgens
3. S. Welby

4. K. Sipezz
5. _____
6. _____

Work Performed:

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

1. 6549
2. 6684
3. 6606
4. 6721

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 12-11-18

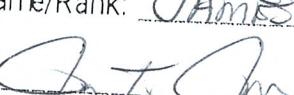
Signed: 

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: JAMES T JOSEPH

Date: 11/05/2018

Signed: 

E-Mail: james.t.joseph3.mil@rafael.mil

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

FacID/Building: P-092-01 Date of Visit: 12/11/18

Contractor Personnel on Site:

| | |
|-------------------------|------------------------|
| 1. <u>Tony Gomez</u> | 4. <u>Genie Spreen</u> |
| 2. <u>Jim Geertgens</u> | 5. _____ |
| 3. <u>Scott Wenz</u> | 6. _____ |

Work Performed:

Other Recurring Services

| |
|----------------|
| 1. <u>6489</u> |
| 2. _____ |
| 3. _____ |
| 4. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 12-11-18
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: James Joseph SGT Date: 10/12/18
Signed: J. J. Joseph
E-Mail: james.j.joseph.s.mil@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
VEHICLE EXHAUST REMOVAL

SITE AND BLDG #: *Fr 042-0*MECHANIC
SIGNATURE: *Paul B*START TIME: *200*DATE: *12/1/18*LOCATION/RM #: *BMS*WO# *6006* ASSET # *8066*FINISH TIME: *230*

| 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: