

CERTIFICATION OF WORK

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

FACID/Building: PA042

Date of Visit: 12/11/18

Contractor Personnel on Site:

1. T. Lozano

2. J. Geertz

3. S. Wern

4. K. Siqueira

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 Geertz

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 DEC 2018

Signed: _____

E-Mail: _____

james.t.joseph3.mil@ma.1.mil

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

FACID/Building: P-072-01 Date of Visit: 12/11/18

Contractor Personnel on Site:

- | | |
|-------------------------|-----------------------|
| 1. <u>Tony Gomez</u> | 4. <u>Frank Spera</u> |
| 2. <u>Jim Geertgens</u> | 5. _____ |
| 3. <u>Scott Werry</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: [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: JAMES JOSEPH SGT Date: 11 DEC 2018

Signed: [Signature]

E-Mail: james.t.joseph.s.mr1@cmi.hon.af.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST VEHICLE EXHAUST REMOVAL

SITE AND BLDG #:

P 642-01

LOCATION/RM #:

GMS

WO#

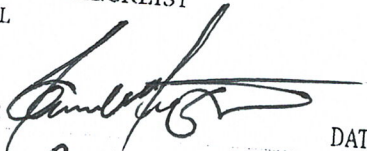
6606

ASSET #

8066

MECHANIC

SIGNATURE:



DATE:

12/1/12

START TIME:

200

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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: