

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 UNIT HEATER, INFRA-RED, RADIANT, GAS

SITE AND BLDG #:

PA 042-02

MECHANIC
SIGNATURE:


DATE:

12/11/18

LOCATION/RM #:

OMS

WO# 6721

ASSET # 4274

START TIME:

230

FINISH TIME:

245

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	For gas/oil heaters:		/	
	1. Remove access panels if applicable.		/	
	2. Check the fire box liner or refractory for cracks and leaks.		/	
	3. Check all gas lines for leaks. Repair as needed.		/	
2	Clean dirt from heater, vaccuming is preferred.		/	
3	Check operation of gas valve.		/	
4	Check for gas leaks.		np	
5	Check operation of thermostat.		np	
6	If applicable, replace primary air intake filter.		np	
7	As needed, clean spark electrode and reset gap, replace if necessary.		np	
8	Inspect flue pipe and connections.		/	
9	If applicable, inspect and clean outside air blower and blower intake.		np	
10	Inspect unit for proper operation.		np	
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.		/	

need Replaced

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For

Bad Thermostat

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST UNIT HEATER, INFRA-RED, RADIANT, GAS

SITE AND BLDG #:

PA 042-01

MECHANIC
SIGNATURE:


DATE:

12/11/12

LOCATION/RM #:

005

WO#

621

ASSET #

4514

START TIME:

245

FINISH TIME:

315

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	For gas/oil heaters:		/	
	1. Remove access panels if applicable.		/	
	2. Check the fire box liner or refractory for cracks and leaks.		/	
	3. Check all gas lines for leaks. Repair as needed.		/	
2	Clean dirt from heater, vacuuming is preferred.		/	
3	Check operation of gas valve.		/	
4	Check for gas leaks.		/	
5	Check operation of thermostat.		/	
6	If applicable, replace primary air intake filter.		/	NA
7	As needed, clean spark electrode and reset gap, replace if necessary.		/	NA
8	Inspect flue pipe and connections.		/	
9	If applicable, inspect and clean outside air blower and blower intake.		/	
10	Inspect unit for proper operation.		/	
11	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