

CERTIFICATION OF WORK

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

FACID/Building: Parr

Date of Visit: 12/28/18

Contractor Personnel on Site:

1. Tony Lopez
2. Jim Geertgers
3. Scott Weir

4. Kenneth Sapienza

5. _____

6. _____

Work Performed:

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

1. 6538

2. 6582

3. 6705

4. 6610

6656

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgers

Signed: [Signature]

Date: 12-28-18

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:

Name/Rank: TIMOTHY S PETERS

[Signature] SA

Date: 28 Dec 18

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

FACID/Building: Pr 055

Date of Visit: 12/28/18

Contractor Personnel on Site:

1. Tony Lizarri
2. Jim Geertsen
3. Sal Berry

4. Kirk Simpson

Work Performed:

Other Recurring Services

1. 6471

2.

3.

4.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsen

Date: 12-28-18

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: 28 Dec 18

Signed: [Signature]

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GREASE TRAP

SITE AND BLDG #: PASS-C,
LOCATION/RM #: Kitchen WO# 6582 ASSET # 7489

MECHANIC
SIGNATURE: [Signature]

DATE: 12/28/18

START TIME: 8:30

FINISH TIME: 8:45

CHECK POINT	CHECK POINT DESCRIPTION	STATUS		NOTES/ACTIONS
		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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Insure proper grease disposal.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Do not use enzymes, acids, caustics, solvents or emulsifying products when cleaning or maintaining the grease traps.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Remove lid. If the trap is equipped with removable baffles, remove them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Make sure the flow restrictor on the inflow pipe is present.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Replace lid and baffles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Return (or fill) water to grease trap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Record grease trap maintenance activities on your log or request a receipt from your grease hauler. Keep records for 3 years.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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

Additional Notes: