

CERTIFICATION OF WORK

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

FACID/Building: PA 079

Date of Visit: 12/19/18

Contractor Personnel on Site:

- | | |
|-------------------------|--------------------------|
| 1. <u>Tony Czapaj</u> | 4. <u>Frank Sapiezko</u> |
| 2. <u>Jim Goetzgens</u> | 5. _____ |
| 3. <u>Scott Werry</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------------|
| 1. <u>6514</u> | <u>6718</u> |
| 2. <u>6577</u> | _____ |
| 3. <u>6726</u> | _____ |
| 4. <u>6602</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Goetzgens Date: 12-19-18

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: Josh Sutton Date: 19 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: PA 079-01

Date of Visit: 12/19/18

Contractor Personnel on Site:

1. Tony Luzzes

2. Jim Geertgens

3. Scott Wemy

4. Frank Superior

5. _____

6. _____

Work Performed:

Other Recurring Services

1. 6463

2. _____

3. _____

4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 12-19-18

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: Josh Sutton

Date: 19 Dec 18

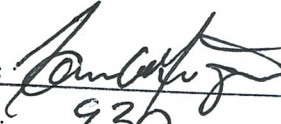
Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST UNIT HEATER, HOT WATER

SITE AND BLDG #:

P 079 -01

MECHANIC
SIGNATURE:

DATE:

12/12/18

LOCATION/RM #:

Kkhn

WO#

6726

ASSET #

4356

START TIME:

936

FINISH TIME:

953

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETED | | NOTES/ACTIONS (IF TASK COMPLETED 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 to. | | / | |
| 2 | Schedule shutdown with operating personnel. | / | | |
| 3 | 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 EACH INSPECTION SERVICE | | | | |
| 1 | Check valve for full stroke operation in both directions, if applicable. | / | | |
| 2 | Check valve for signs of abnormal wear and leaks. Replace packing if needed. | / | | |
| 3 | Clean the coil with vacuum cleaner. | / | | |
| 4 | Comb the fins as needed. | / | | |
| 5 | Clean all fans and motors. | | N/A | |
| 6 | Check operation of controls and safeties. | / | | |
| 7 | Lubricate as required. | / | | |
| 8 | Check all motors, belts, pulleys, shafts, etc. for alignment. | / | | |

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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

65° set point

99° AIR coming out.

1 PC