

CERTIFICATION OF WORK

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

FACID/Building: PA087 - 01102

Date of Visit: 12/10/18

Contractor Personnel on Site:

- | | |
|-------------------------|--------------------------|
| 1. <u>Tony Larsen</u> | 4. <u>Frank Sapienza</u> |
| 2. <u>Jim Geertgens</u> | 5. _____ |
| 3. <u>Scott Werry</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------------|
| 1. <u>6528</u> | <u>6719</u> |
| 2. <u>6575</u> | _____ |
| 3. <u>6686</u> | _____ |
| 4. <u>6603</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 12-10-18

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: WOLFF, James T. C59 Date: 10 DEC 18

Signed: [Signature]

E-Mail: james.twolff@usmail

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

FACID/Building: PA087-01 Date of Visit: 12/10/18

Contractor Personnel on Site:

- | | |
|-------------------------|-------------------------|
| 1. <u>Tony Lazzaro</u> | 4. <u>Mark Sapienza</u> |
| 2. <u>Jim Geertgens</u> | 5. _____ |
| 3. <u>Sally Werry</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>6483</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 12-10-18
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: WOLFF, JAMES T. 659 Date: 10 DEC 18

Signed: [Signature]

E-Mail: james.t.wolff.cwc@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GREASE TRAP

SITE AND BLDG #: PA 087 -01
LOCATION/RM #: Kitchen WO# 6575 ASSET # 7492

MECHANIC SIGNATURE: [Signature] DATE: 12/10/18
START TIME: 1200 FINISH TIME: 1215

CHECK POINT		CHECKPOINT DESCRIPTION	STATUS/COMPLETION		NOTES/ACTIONS
			YES	NO	(If any corrective actions are required, provide explanation)
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.		/		
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.		/		
3	Insure proper grease disposal.				
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.	/			
2	Remove lid. If the trap is equipped with removable baffles, remove them.	/			
3	Make sure the flow restrictor on the inflow pipe is present.	/			
4	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.	/			
5	Replace lid and baffles.	/			
6	Return (or fill) water to grease trap	/			
7	Record grease trap maintenance activities on your log or request a receipt from your grease hauler. Keep records for 3 years.	/			

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:

*12 inches of water
Recommend to be Pumped out.*