

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>Scott 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

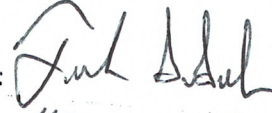
Signed: [Signature]

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

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST VEHICLE EXHAUST REMOVAL

SITE AND BLDG #:

P-087-02

MECHANIC
SIGNATURE:


DATE:

12/10/18

LOCATION/RM #:

OMS

WO#

6603

ASSET #

8855

START TIME:

11:30AM

FINISH TIME:

12:00PM

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		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	✓		

A-26 BELT

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: