

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@us.af.mil

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 UNIT HEATER, INFRA-RED, RADIANT, GAS

SITE AND BLDG #:

P2 087-02

MECHANIC

SIGNATURE:



DATE:

12/10/12

LOCATION/RM #:

ams

WO#

6719

ASSET #

4221

START TIME:

1130

FINISH TIME:

1145

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.		/	
7	As needed, clean spark electrode and reset gap, replace if necessary.		/	
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

1 PC

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

SITE AND BLDG #:

P 027-07

MECHANIC
SIGNATURE:


DATE:

12/10/18

LOCATION/RM #:

OMS

WO#

6719

ASSET #

4312

START TIME:

1145

FINISH TIME:

1200

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.		/	
5	Check operation of thermostat.		/	
6	If applicable, replace primary air intake filter.		/	
7	As needed, clean spark electrode and reset gap, replace if necessary.		/	
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.		/	

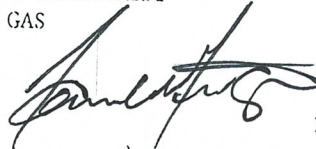
Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For

1 Pc

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

SITE AND BLDG #:

Pr 087-02

MECHANIC
SIGNATURE:


DATE:

12/10/18

LOCATION/RM #:

Cms

WO#

6719

ASSET #

4515

START TIME:

1200

FINISH TIME:

1215

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