

CERTIFICATION OF WORK

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

FACID/Building: PA 096

Date of Visit: 12/20/18

Contractor Personnel on Site:

1. Tony Caruso
2. Jim Geestgra
3. Scott Berry

4. Frank Sapienza

5. \_\_\_\_\_

6. \_\_\_\_\_

Work Performed:

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

1. 6534

6737

2. 6568

3. 6638

4. 6593

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geestgra

Date: 12-21-18

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: Mitchel Morrison

Date: 12-21-18

Signed: ✓

E-Mail: Mitchel.W.Morrison.mil@mail

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

FACID/Building: P 096-01

Date of Visit: 12/21/18

Contractor Personnel on Site:

- |                         |                         |
|-------------------------|-------------------------|
| 1. <u>Tony Cruz</u>     | 4. <u>Rene Sapienza</u> |
| 2. <u>Jim Geertgens</u> | 5. _____                |
| 3. <u>Scott Wern</u>    | 6. _____                |

Work Performed:

Other Recurring Services

- |                |       |
|----------------|-------|
| 1. <u>6486</u> | _____ |
| 2. _____       | _____ |
| 3. _____       | _____ |
| 4. _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 12-21-18

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: Mitchel Morrison Date: 12-21-18

Signed: [Signature]

E-Mail: Mitchel W. Morrison.mil@mail.mil

CERTIFICATION OF WORK

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

FACID/Building: PA 096-01

Date of Visit: 12/21/18

Contractor Personnel on Site:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- |    |   |                      |                   |
|----|---|----------------------|-------------------|
| 1. | <u>Asset # 6521 is New New for Water Tank</u> |                      |                   |
| 2. | <u>Installed by McKamish</u>                  |                      |                   |
| 3. | <u>Model # BTB - 197 118</u>                  |                      |                   |
| 4. | <u>Serial # 1843112392956</u>                 | <u>Gas Filled</u>    | <u>A.O. Smith</u> |
|    | <u>Asset # 488P</u>                           | <u>Hot Water pan</u> |                   |
|    | <u>Model # NBR 22</u>                         |                      |                   |
|    | <u>Serial # 103252</u>                        |                      |                   |

Bell & Gossett

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_



# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GREASE TRAP

SITE AND BLDG #: PM 086-01  
LOCATION/RM #: 005121 WO# 6528 ASSET # 7484

MECHANIC  
SIGNATURE: Frank A. Del

DATE: 12/21/18

START TIME: 9:00 AM

FINISH TIME: 9:15 AM

CHECK POINT	CHECKPOINT DESCRIPTION	PASS/COMPLETED		NOTES/ACTIONS
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.	✓		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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: