

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

FACID/Building: Pa 096

Date of Visit: 12/21/18

Contractor Personnel on Site:

1. Tom Larson
2. Jim Geertgens
3. Scott Wern
4. Frank Srpieren
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 Geertgens

Date: 12-21-18

Signed: Jim Geertgens

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: Mitchel Morrison

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

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

FacID/Building: Pe 096-01

Date of Visit: 12/21/18

Contractor Personnel on Site:

1. Tony Grams
2. Jim Geertgens
3. Scott Wern

4. Knute Spieren
5. _____
6. _____

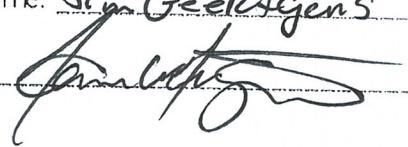
Work Performed:

Other Recurring Services

1. 6486
2. _____
3. _____
4. _____

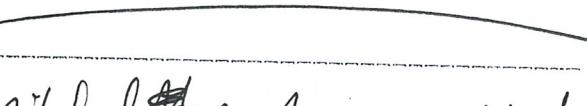
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens 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: M. Mitchell Morrison Date: 12-21-18
Signed: 

E-Mail: Mitchell.Morrison.mil@mail.mil

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: Pr 096 -01 Date of Visit: 12/21/18

Contractor Personnel on Site:

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

Work Performed:

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

1. Asset # 6521 15 New Hot Water Tank
2. Installed by McKenish
3. Model # BTR - 197 118
4. Serial # 1843112392956 Gas Fired A.O. Smith
Asset # 488P Hot Water Tank
Model # NBR 22
Serial # 103252

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 #: 08TS121 WO# 6568 ASSET # 7484

MECHANIC SIGNATURE: Frank A. Adel DATE: 12/21/18
START TIME: 9:00 AM FINISH TIME: 9:15 AM

CHECK ITEM	DESCRIPTION	HOURS COMPLETED		NOTES/ACTIONS (IF THIS CHECKLIST IS CHECKED NO PROVIDED INFORMATION)
		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.	<input checked="" type="checkbox"/>		
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Insure proper grease disposal.	<input checked="" type="checkbox"/>		
TO BE PERFORMED AT THE INSPECTION SERVICE				
1	Do not use enzymes, acids, caustics, solvents or emulsifying products when cleaning or maintaining the grease traps.	<input checked="" type="checkbox"/>		
2	Remove lid. If the trap is equipped with removable baffles, remove them.	<input checked="" type="checkbox"/>		
3	Make sure the flow restrictor on the inflow pipe is present.	<input checked="" type="checkbox"/>		
4	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.	<input checked="" type="checkbox"/>		
5	Replace lid and baffles.	<input checked="" type="checkbox"/>		
6	Return (or fill) water to grease trap.	<input checked="" type="checkbox"/>		
7	Record grease trap maintenance activities on your log or request a receipt from your grease hauler. Keep records for 3 years.	<input checked="" type="checkbox"/>		

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 Technician

Additional Notes: