

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. _____

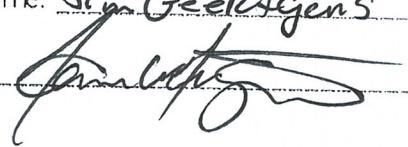
Work Performed:

Other Recurring Services

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

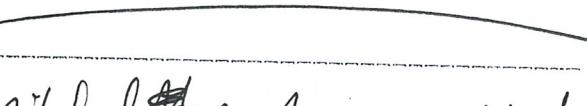
CERTIFICATION OF WORK

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
VEHICLE EXHAUST REMOVAL

SITE AND BLDG #: PA 096 -02

LOCATION/RM #: 0M5 WO# 6593 ASSET # 8041

MECHANIC
SIGNATURE:

START TIME:



DATE:

12/21/15

FINISH TIME: 8:15 AM

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE YES NO | SPECIAL INSTRUCTIONS | | NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|-------------|---|------------------------------|----------------------|--|--|
| | | | | | |
| 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 | | ✓ | | |

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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

Direct Drive