

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. _____

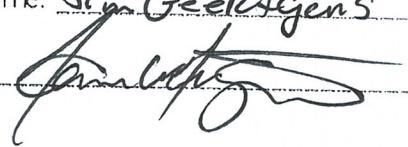
Work Performed:

Other Recurring Services

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

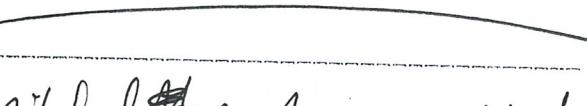
CERTIFICATION OF WORK

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
UNIT HEATER, INFRA-RED, RADIANT, GAS

SITE AND BLDG #: *PA 086-02*MECHANIC
SIGNATURE: *John Abbott*DATE: *12/21/12*LOCATION/RM #: *OMS*WO# *6737* ASSET # *4506*START TIME: *8:15AM*FINISH TIME: *8:30AM*

CHECKPOINT	CHECKPOINT DESCRIPTION	TASK COMPLETE:	NOTES/ACTIONS
		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.
- 3 For gsa/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.
- 4 Clean dirt from heater, vaccuming is preferred.
- 5 Check operation of gas valve.
- 6 Check for gas leaks.
- 7 Check operation of thermostat.
- 8 If applicable, replace primary air intake filter.
- 9 As needed, clean spark electrode and reset gap, replace if necessary.
- 10 Inspect flue pipe and connections.
- 11 If applicable, inspect and clean outside air blower and blower intake.

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

2 PC

* Left unit won't come on - stuff piled underneath - No access

(OTHER UNIT WORKS)

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

SITE AND BLDG #: PR 086-02

MECHANIC
SIGNATURE:

DATE: 12/21/18

LOCATION/RM #: GAS WO# 6737 ASSET # 4578

START TIME:

FINISH TIME:

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NOTES/ACTIONS OF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION
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- 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 gsa/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

4
PC

*BAY 2 UNIT IN MIDDLE BAY HAS CRACKED HEAT EXCHANGER

*BAY 1 UNIT (left) WORKS

*BAY 3 - BOTH UNITS HAVE CRACKED HEAT EXCHANGER