

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. <u>Tony Caruso</u> | 4. <u>Frank Sapienza</u> |
| 2. <u>Jim Geestgra</u> | 5. _____ |
| 3. <u>Scott Berry</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------------|
| 1. <u>6534</u> | <u>6737</u> |
| 2. <u>6568</u> | _____ |
| 3. <u>6638</u> | _____ |
| 4. <u>6593</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geestgra 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: Michael Morrison Date: 12-21-18

Signed: [Signature]

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. Asset # 6521 IS New New for Water Tank
2. Installed by McKamish
3. Model # BTR - 197 118
4. Serial # 1843112392956 Gas Filled A.O. Smith
Asset # 488P Hot Water pan
Model # NBR 22
Serial # 103252

Bell + Gosssett

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:

Guth A. Guth

DATE:

12/21/12

LOCATION/RM #: CMS

WO# 6737

ASSET # 4506

START TIME:

8:15 AM

FINISH TIME:

8:30 AM

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

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 #:

Pa 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		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

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