

CERTIFICATION OF WORK

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

FACID/Building: PR 171

Date of Visit: 12/12/18

Contractor Personnel on Site:

1. Tony Lazzaro
2. Jim Geertgen
3. Scott Werry

4. Frank Sapienza
5. _____
6. _____

Work Performed:

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

1. 6531
2. 6609
3. 6654
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry

Date: 12/12/18

Signed: Scott Werry

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: LUKE McHUGH

Date: 12-12-18

Signed: [Signature]

W610

E-Mail:

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

FACID/Building: PA 171-01 Date of Visit: 12/12/18

Contractor Personnel on Site:

- | | |
|------------------------|--------------------------|
| 1. <u>Tony Lazzari</u> | 4. <u>Frank Sapienza</u> |
| 2. <u>Jim Gerstgen</u> | 5. _____ |
| 3. <u>Scott Werry</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | |
|----------------|
| 1. <u>6468</u> |
| 2. _____ |
| 3. _____ |
| 4. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry Date: 12/12/18
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: LUKE MCHUGH Date: 12-13-18
Signed: [Signature] 0610
E-Mail: _____

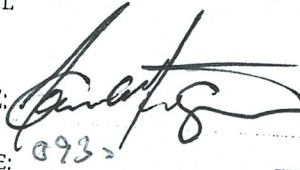
PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST VEHICLE EXHAUST REMOVAL

SITE AND BLDG #:

Pa 171-01

MECHANIC

SIGNATURE:



DATE:

12/13/12

LOCATION/RM #:

112

WO# 6609

ASSET # 8064

START TIME:

0930

FINISH TIME:

1015

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.			
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: