

CERTIFICATION OF WORK

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

FACID/Building: WV053

Date of Visit: 12/26/18

Contractor Personnel on Site:

1. Tony Grano
2. Jim Geertgens
3. Scott Werry

4. Ronald Sapienza
5. _____
6. _____

Work Performed:

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

- | | |
|----------------|-------------|
| 1. <u>6558</u> | <u>6585</u> |
| 2. <u>6576</u> | <u>6659</u> |
| 3. <u>6634</u> | <u>6698</u> |
| 4. <u>6560</u> | <u>6559</u> |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 12-26-18

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: Maureen Tason SSG

Date: _____

Signed: _____

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

FACID/Building: WV 053

Date of Visit: 12/26/18

Contractor Personnel on Site:

- | | |
|------------------------|-----------------------|
| 1. <u>Tom Lazrus</u> | 4. <u>Frank Soper</u> |
| 2. <u>Jim Geertsen</u> | 5. _____ |
| 3. <u>Scott Warr</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>646r</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsen

Date: 12-26-18

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: Mace, Jason SSG

Date: _____

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GREASE TRAP

SITE AND BLDG #: WU 053 -01
LOCATION/RM #: 2nd fl WO# 6572 ASSET # 7493

MECHANIC SIGNATURE: [Signature] DATE: 12/26/18
START TIME: 1000 FINISH TIME: 1015

CHECK ITEM	CHECK/DESCRIPTION	PASS/COMPLIANT		NOTES/ACTIONS
		YES	NO	
SPECIAL INSTRUCTIONS				
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.	/		
3	Insure proper grease disposal.	/		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Do not use enzymes, acids, caustics, solvents or emulsifying products when cleaning or maintaining the grease traps.	/		
2	Remove lid. If the trap is equipped with removable baffles, remove them.	/		
3	Make sure the flow restrictor on the inflow pipe is present.	/		
4	If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation.	/		
5	Replace lid and baffles.	/		
6	Return (or fill) water to grease trap	/		
7	Record grease trap maintenance activities on your log or request a receipt from your grease hauler. Keep records for 3 years.	/		

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 discription of the deficiency.

To be performed by: General Maintenance Technician

Additional Notes: