

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

FACID/Building: MD006

Date of Visit: 12/4/18

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- | | |
|----------------|-------------|
| 1. <u>6520</u> | <u>6710</u> |
| 2. <u>6561</u> | <u>6644</u> |
| 3. <u>6640</u> | _____ |
| 4. <u>6598</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 12-4-18

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: Jesse Schultz, ARA

Date: 2018/2/04

Signed: Jesse Schultz

E-Mail: _____

CERTIFICATION OF WORK
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FACID/Building: MD 006

Date of Visit: 12/4/18

Contractor Personnel on Site:

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

Work Performed:

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

1. 6488
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 12-4-18

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: Jesse Schultz ARA

Date: 2018/12/04

Signed: Jesse Schultz

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GREASE TRAP

SITE AND BLDG #: MD 006 -01

MECHANIC
SIGNATURE: *[Signature]*

DATE: 12/4/18

LOCATION/RM #: Kitchen WO# 6561 ASSET # 7477

START TIME: 9:00

FINISH TIME: 9:10

CHECK ITEM	CHECK/DESCRIPTION	PASS/COMPLETED		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:

1/2 inches of water
could used to be pumped out
see attached photo