

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

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

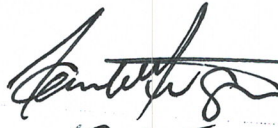
Signed: Jesse Schultz

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST VEHICLE EXHAUST REMOVAL

SITE AND BLDG #: MD 006-02

MECHANIC

SIGNATURE: 

DATE: 12/4/18

LOCATION/RM #: metal pad WO# 6598 ASSET # 8048

START TIME: 1245

FINISH TIME: 100

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: