

CERTIFICATION OF WORK

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

FACID/Building: P067

Date of Visit: 2/21/19

Contractor Personnel on Site:

1. Tony Luzzo

2. Jim Geertgens

3. _____

4. _____

5. _____

6. _____

Work Performed:

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

1. 7376

2. 7417

3. _____

4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 2-21-19

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: SSG Jordan

Date: 21 FEB 19

Signed: _____

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

FACID/Building: P-067 Date of Visit: 2/21/19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Tony Gross</u> | 4. _____ |
| 2. <u>Jim Goertgens</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>7307</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Goertgens Date: 2-21-19

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: SSG J. J. Gorman Date: 21 FEB 19

Signed: [Signature]

E-Mail: _____

CERTIFICATION OF WORK

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

FACID/Building: P 067 - 02

Date of Visit: 2/21/19

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Tony Green,</u> | 4. _____ |
| 2. <u>Jim Geertgen</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | |
|--|
| 1. <u>Changed F.I.Ls. on MUA-2 ASSE 3422</u> |
| 2. _____ |
| 3. _____ |
| 4. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgen Date: 2-21-19

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: [Signature] Date: 24 FEB 19

Signed: [Signature]

E-Mail:

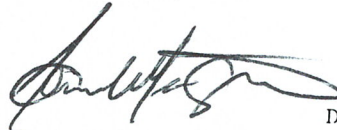
PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST ICE MAKER

SITE AND BLDG #:

P 0527-01

MECHANIC

SIGNATURE:



DATE:

2/21/19

LOCATION/RM #:

Drum
1601

WO#

7326

ASSET #

6624

START TIME:

800

FINISH TIME:

830

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
1	Review manufacturer's instructions.			
2	De-energize, lock out, and tag electrical circuits.			
3	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.			
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.			
5	Only approved cleaning chemicals shall be used.			
1	Check with operating or area personnel for any deficiencies; verify cleaning program.			
2	Visually check for refrigerant, oil and water leaks.			
3	Inspect ice condition/size.			
4	As needed, drain and clean unit with proper ice machine cleaning solution.			
5	Check date on water filter. Replace as needed. Water filters should be changed annually at a minimum.			
6	Check and tighten any loose screw-type electrical connections.			
7	Check all controls; adjust if necessary.			
8	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.			
9	Check and clear ice machine draining system (drain vent).			
10	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.			
11	Clean motor, compressor, and condenser coil.			

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: Ps 067-01

MECHANIC SIGNATURE: *[Signature]*

DATE: 2/21/19

LOCATION/RM #: Boiler Room WO# 7376

ASSET # 6937

START TIME: 830

FINISH TIME: 900

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			
3	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.			
4	Do not allow any open flames around equipment.			
1	Attach drain hose. Drain several gallons from tank to remove			
2	Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge.			
3	Check all connections - electric, gas and water. Tighten as necessary.			
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at			
5	Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.			
6	Clean sight glasses on tanks.			
7	Clean strainer, check condition of traps. Report and repair leaks.			
8	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.			

- If applicable, Remove and inspect Anode, replace if necessary
- Clean up work area and remove trash.

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:

INSTA Hot

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: Pa 067-01

MECHANIC
SIGNATURE: *[Signature]*

DATE: 2/21/18

LOCATION/RM #: Boiler Room WO# 7376

ASSET # 6928

START TIME: 830

FINISH TIME: 900

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	-	-	
3	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.	-	-	
4	Do not allow any open flames around equipment.	-	-	
1	Attach drain hose. Drain several gallons from tank to remove	-	-	
2	Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge.	-	-	
3	Check all connections - electric, gas and water. Tighten as necessary.	-	-	
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at	NA		
5	Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.	NA		
6	Clean sight glasses on tanks.	NA		
7	Clean strainer, check condition of traps. Report and repair leaks.	NA		
8	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.	NA		

K00-048CMI Management Inc.

- 9 If applicable, Remove and inspect Anode, replace if necessary
- 10 Clean up work area and remove trash.

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:

INSTR Hot

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST TIME CLOCK, LIGHTING

SITE AND BLDG #:

Pr 067-01

MECHANIC
SIGNATURE:

Tony E

DATE:

2/21/19

LOCATION/RM #: 007312

WO#

7376

ASSET #

7320

START TIME:

0630

FINISH TIME:

0845

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		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 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.		✓	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.		✓	
2	Check physical connections.		✓	
3	Verify the timeclock configuration, ensure proper operation.		✓	
4	If applicable, check battery and replace 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:

1 R Photo Cell