

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: P0079 Date of Visit: 2/21/19

Contractor Personnel on Site:

1. Tim Geppinger
2. Tim Geppinger
3. Scott Werg
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work Performed:**

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

1. 2377
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tim Geppinger Date: 2-21-19

Signed: Tim Geppinger

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: TIMOTHY S PETERS Date: 21 FEB 19

Signed: Timothy S. Peters

E-Mail:

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

FacID/Building: PLQ79

Date of Visit: 2/21/18

Contractor Personnel on Site:

1. Tony Gzorek
2. Tom Gertie
3. Scott Wren

- 4.
- 5.
- 6.

Work Performed:

Other Recurring Services

1. 7297
- 2.
- 3.
- 4.

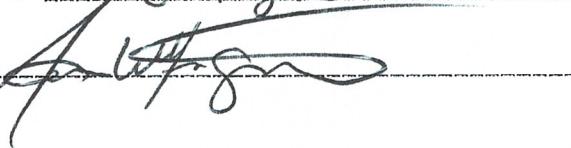
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**CERTIFICATION OF WORK**

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To be signed by the Contractor:

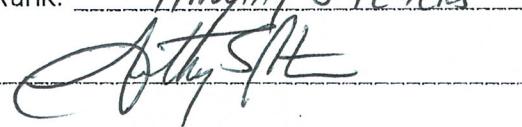
Print Name: Timothy S. Peters Date: 2-21-19

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: TIMOTHY S PETERS Date: 21 Feb 19

Signed: 

E-Mail: \_\_\_\_\_

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

FACID/Building: P009-01 Date of Visit: 2/21/19

Contractor Personnel on Site:

1. Tony Ganz
2. Jim Geertzen
3. Scott Werry
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

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

1. Filter Change on Asset # 3129, 3133, 3145
2. 3452
3. \_\_\_\_\_
4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertzen Date: 2-21-19  
Signed: Jim Geertzen

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: TIMOTHY S PETERS Date: 21 FEB 19  
Signed: Timothy S Peters  
E-Mail:

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: Fr 078-01 Date of Visit: 2/21/19

Contractor Personnel on Site:

1. Tony Lazarus
2. JIM Geertgen
3. Scott Werry
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work Performed:**

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

1. Asset # 3452 B REZNOR FURNACE in DRILL
2. Hole Blower motor locked up.
3. \_\_\_\_\_
4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: Jim Geertgen

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: TIMOTHY S PETERS Date: 21 FEB 19

Signed: Timothy S Peters

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST  
ICE MAKER

SITE AND BLDG #: P-078 G1

LOCATION/RM #: Kitchen WO# 7377

ASSET # 6825

MECHANIC  
SIGNATURE: *Mark D. Henry*

DATE: 2/21/13

START TIME: 8:00

FINISH TIME: 11:00

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.	✓		
6	Check with operating or area personnel for any deficiencies; verify cleaning program.	✓		
7	Visually check for refrigerant, oil and water leaks.	✓		
8	Inspect ice condition/size.	✓		
9	As needed, drain and clean unit with proper ice machine cleaning solution.	✓		
10	Check date on water filter. Replace as needed. Water filters should be changed annually at a minimum.	✓		
11	Check and tighten any loose screw-type electrical connections.	✓		
12	Check all controls; adjust if necessary.	✓		
13	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	✓		
14	Check and clear ice machine draining system (drain vent, drain line).	✓		
15	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	✓		
16	Clean motor, compressor, and condenser coil.	✓		

*replaced Filter*

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**REACH-IN REFRIGERATORS/ FREEZERS**

SITE AND BLDG #: Pa 079-a

MECHANIC  
SIGNATURE: *Scott Sherry*

DATE: 2/21/13

LOCATION/RM #: Kitchen WO# 7377

ASSET # 6893

START TIME: 11:00

FINISH TIME: 12:00

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	Closely follow all safety procedures described in the Safety Data Sheet (SDS) for the refrigerant and to all labels on	✓		
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	✓		
2	Verify indicator light on; check compartment temperature.	✓		
3	Examine evaporator for proper clearances/slope and air flow.	✓		38°
4	Examine handles, hinges and tightness of door closure.	✓		
5	Examine safety door release and fan shut down safety switch.	✓		
6	Inspect lighting for burnt out lamps.	✓		
7	Check starter panels and controls for proper operation, burned or loose contacts, and loose connections.	✓		
8	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	✓		
9	Clean condenser coil and condensing unit section.	✓		
10	Clean and inspect defrost evaporation trays/pans.	✓		

- 11 Inspect defrost systems for proper operation, including timer; adjust as required. Have automatic defrosters adjusted as required so freezer will defrost during "Off Peak" hours
- 12 Check operation of thermostats; calibrated as required.
- 13 Check coil superheat and adjust to manufacturers recommendations.
- 14 Inspect and service all electric motors.
- 15 Inspect door gaskets for damage and proper fit; adjust gaskets as required and lubricate hinges with food grade oil.
- 16 Check door gasket heater.
- 17 Check box floor for water or ice accumulation.
- 18 Check box for excessive ice build- up and open seams.

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:

3 Section

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DOMESTIC HOT WATER HEATER - GAS**

SITE AND BLDG #: *P-079-01*MECHANIC  
SIGNATURE: *Paul Lefebvre*DATE: *2/21/19*LOCATION/RM #: *Boiler Room*WO# *737*ASSET # *200*START TIME: *1100*FINISH TIME: *1120*

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE YES      NO	NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
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		<i>N/A</i>
5	Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.		<i>N/A</i>
6	Clean sight glasses on tanks.		<i>N/A</i>
7	Clean strainer, check condition of traps. Report and repair leaks.		<i>N/A</i>
8	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.		<i>N/A</i> <i>N/A</i>

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

*N/A*

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: