

CERTIFICATION OF WORK

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

FACID/Building: Gaithersburg MD013 Date of Visit: 3/4/2020

Contractor Personnel on Site:

1. Patrick Donovan

2.

Work Performed:

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

1. 11810, 11853, 11873, 11894, 11811, 11854, 11874, 11895
Mini Splits, Grease Trap, Hot water pumps, Radiators, unit Heaters, Cond. Units, Exhaust

Service Calls - Service Call Number and Description

1. CSS#

2. CSS#

3. CSS#

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 3/4/2020

Signed: Patrick Donovan

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: TARA STLAURENT Date: 3 MAR 2020

Signed: Tara St Laurent

E-Mail: Tara.F.StLaurent.civ@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
VEHICLE EXHAUST REMOVAL

SITE AND BLDG #: Gaithersburg MD013 MECHANIC SIGNATURE:  DATE: 3/2/2020
LOCATION/RM #: Blg #2 WO# 11854 ASSET # 1530 START TIME: 9:40 FINISH TIME: 10:20

Task	Completed	Notes
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.	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
3		
4		
5		
6		
7		
8 Repair as needed	<input checked="" type="checkbox"/>	<u>done</u>

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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: