

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: _____

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

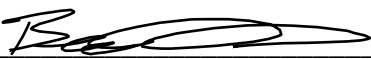
Work Performed:

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

- | | |
|----------|--------|
| 1. _____ | 9342QT |
| 2. _____ | |
| 3. _____ | |
| 4. _____ | |
| ----- | |
| 5. _____ | |
- CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: _____ Date: _____

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: _____ Date: _____

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

GREASE TRAP

SITE AND BLDG #: **PA209-1**MECHANIC
SIGNATURE: DATE: **6/3/19**LOCATION/RM #: _____ WO# **9304** ASSET # **7485**START TIME: **7 AM**FINISH TIME: **5 PM**

| 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. | X | | |
| 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. | X | | |
| 3 | Insure proper grease disposal. | X | | |
| 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. | X | | |
| 2 | Remove lid. If the trap is equipped with removable baffles, remove them. | X | | |
| 3 | Make sure the flow restrictor on the inflow pipe is present. | X | | |
| 4 | If damages, missing parts, or cleaning is required, report them as needed to ensure proper working operation. | X | | |
| 5 | Replace lid and baffles. | X | | |
| 6 | Return (or fill) water to grease trap | X | | |
| 7 | Record grease trap maintenance activities on your log or request a receipt from your grease hauler. Keep records for 3 years. | X | | |

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:

