

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

FACID/Building: PA 003 101 102 Date of Visit: 5/16/19

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Scott Werry</u> | 4. _____ |
| 2. <u>GARY Beitzel</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------------|
| 1. <u>8481</u> | <u>8712</u> |
| 2. <u>8657</u> | _____ |
| 3. <u>8781</u> | _____ |
| 4. <u>8482</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry Date: 5/16/19
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: Keith, Elisha / E-6 Date: 6 May 19
Signed: [Signature]

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

FACID/Building: 8003-01

Date of Visit: 5/16/19

Contractor Personnel on Site:

1. Scott Werry
2. Gary Bertzel
- 3.

- 4.
- 5.
- 6.

Work Performed:

Other Recurring Services

1. 8589
- 2.
- 3.
- 4.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Gary Bertzel

Date: 5.16.19

Signed: Gary Bertzel

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: Keith, Edward / E-6

Date: 16 May 19

Signed: 

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

PP 003-01

LOCATION/RM #:

MSP

WO#

8589

ASSET #

7451

MECHANIC

SIGNATURE:

[Signature]

DATE:

5/1/15

START TIME:

5:30

FINISH TIME:

5:30

CHECK NO.	DESCRIPTION	COMPLETION		NOTES/ACTIONS
		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	Schedule and coordinate work with operating personnel.	✓		
3	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	Open and tag switch.	✓		
2	Inspect visual condition of wiring. Look for evidence of overheating.	✓		
3	Check for proper light operation.	✓		
4	Test operation of automatic switches/ time clock/ photocells if applicable.	✓		
5	Inspect light pole and mounting devices for deficiencies.	✓		
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	✓		

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:

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RK