

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: Pr 003 Date of Visit: 9/6/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Scott Werry
3. Jim Geertgens

- 4.
- 5.
- 6.

Work Performed:

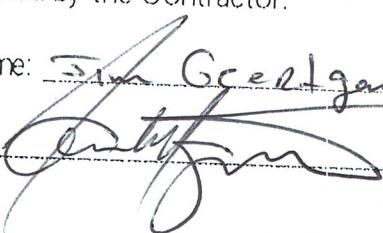
**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 10800
2. 10923
3. 10840
- 4.

CERTIFICATION OF WORK

To be signed by the Contractor:

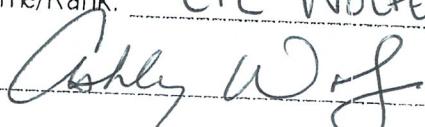
Print Name: John Geertgens Date: 9-6-19

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: CPL WOLFE, ASHLEY Date: 20190906

Signed: 

E-Mail:

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

FacID/Building: Pr 003 - 01 Date of Visit: 9/6/19

Contractor Personnel on Site:

1. Tony Cross
2. Jim Geertzen
3. Scott Berry
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

Other Recurring Services

1. 10741
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

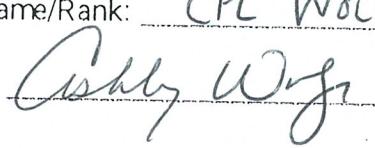
**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jim Geertzen Date: 9-6-19  
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: CPL WOLFE, ASHLEY Date: 2019.0906  
Signed:   
E-Mail: \_\_\_\_\_

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST  
LIGHTING, OUTSIDE

SITE AND BLDG #:

PF 003 - 01

LOCATION/RM #: M6P

WO# 10745

ASSET # 7951

MECHANIC  
SIGNATURE:

DATE:

9/6/19

START TIME: 5:00AM

FINISH TIME: 5:15AM

| ITEM NUMBER                                                                     | DESCRIPTION                                                                                                                                                                      | BASIC COMPLIANCE                    |                          | OPTIONAL ACTIONS |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|------------------|
|                                                                                 |                                                                                                                                                                                  | 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                  |
| 2                                                                               | Schedule and coordinate work with operating personnel.                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                  |
| 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.                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                  |
| TO BE PERFORMED AT EACH INSPECTION SERVICE                                      |                                                                                                                                                                                  |                                     |                          |                  |
| 1                                                                               | Open and tag switch.                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                  |
| 2                                                                               | Inspect visual condition of wiring. Look for evidence of overheating.                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                  |
| 3                                                                               | Check for proper light operation.                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                  |
| 4                                                                               | Test operation of automatic switches/ time clock/ photocells if applicable.                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                  |
| 5                                                                               | Inspect light pole and mounting devices for deficiencies.                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                  |
| For any noted deficiency, take 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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PC