

CERTIFICATION OF WORK

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

FACID/Building: P-003 Date of Visit: 4/4/19

Contractor Personnel on Site:

- | | |
|-------------------------------|------------------------------|
| 1. <u>Tony</u> <u>Granus</u> | 4. <u>Scott</u> <u>Werry</u> |
| 2. <u>Jim</u> <u>Geertsen</u> | 5. _____ |
| 3. <u>Gary</u> <u>Beitzel</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>8252</u> | _____ |
| 2. <u>8301</u> | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsen Date: 4-4-19

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: SSG Bird Keith Date: 20190404

Signed: [Signature]

E-Mail:

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

FACID/Building: PA 003-01 Date of Visit: 4/4/19

Contractor Personnel on Site:

- | | |
|-------------------------|-----------------------|
| 1. <u>Tony Lorenz</u> | 4. <u>Scott Werry</u> |
| 2. <u>Jim Geertgens</u> | 5. _____ |
| 3. <u>Guy Batzel</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|-----------------|-------|
| 1. <u>836 f</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 4-4-19

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: SSG Brad Keitel Date: 20190404

Signed: [Signature]

E-Mail: _____

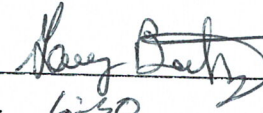
PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

Pn 003-01

MECHANIC

SIGNATURE:



DATE:

4/4/19

LOCATION/RM #:

MELP

WO#

8369

ASSET #

7481

START TIME:

6:30

FINISH TIME:

6:30

CHECK POINT	DESCRIPTION	TEST COMPLETION		NOTES/ACTIONS (If test complete, check box to 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 to.		<input checked="" type="checkbox"/>	
2	Schedule and coordinate work with operating personnel.	<input checked="" 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"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Open and tag switch.	<input checked="" type="checkbox"/>		
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>		
3	Check for proper light operation.	<input checked="" type="checkbox"/>		
4	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>		
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>		
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>		

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:

3 pc