

CERTIFICATION OF WORK

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

FACID/Building: PASU

Date of Visit: 9/9/18

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Tony Lomas</u> | 4. _____ |
| 2. <u>Jim Geertman</u> | 5. _____ |
| 3. <u>Scott Weng</u> | 6. _____ |

Work Performed:

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

- | | |
|-----------------|-------|
| 1. <u>10789</u> | _____ |
| 2. <u>10830</u> | _____ |
| 3. <u>10944</u> | _____ |
| 4. <u>10855</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertman

Date: 9-9-19

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: Ramon E. De La Cruz SGT Date: 20190909

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: P 011 -01

Date of Visit: 9/8/18

Contractor Personnel on Site:

1. Tony Carmon
2. Scott Wong
3. Jim Gertsen

4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 10054
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Carmon

Date: 9/8/18

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: Ramon E. DeLaCruz SGT

Date: 20190909

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #:

PA 011-01

LOCATION/RM #:

hckm

WO#

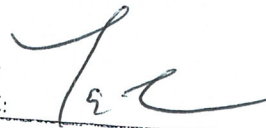
16944

ASSET #

7381

MECHANIC

SIGNATURE:



DATE:

8/2/10

START TIME: 0630

FINISH TIME: 0630

SPEC. INSTRUCTIONS		STATUS	
NO.	DESCRIPTION	DATE	BY
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, 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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