

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

FACID/Building: Pe 001-01

Date of Visit: 6/7/19

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Tony Larsen</u>  | 4. _____ |
| 2. <u>Jim Geertsen</u> | 5. _____ |
| 3. _____               | 6. _____ |

Work Performed:

Other Recurring Services

- |                |       |
|----------------|-------|
| 1. <u>9237</u> | _____ |
| 2. _____       | _____ |
| 3. _____       | _____ |
| 4. _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsen Date: 6-7-19

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: SGT DeLaCruz Date: 6/7/19

Signed: [Signature]

CERTIFICATION OF WORK

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

FACID/Building: P1011

Date of Visit: 6/7/19

Contractor Personnel on Site:

1. Tony Cozart
2. Jim Cozart
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

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

- |                |             |
|----------------|-------------|
| 1. <u>9149</u> | <u>9086</u> |
| 2. <u>9272</u> | <u>9338</u> |
| 3. <u>9313</u> | <u>9451</u> |
| 4. <u>9379</u> | _____       |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Cozart

Date: 6-7-19

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: SGT DeLaCruz

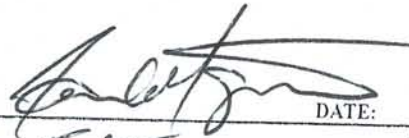
Date: 6/7/19

Signed: \_\_\_\_\_

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

P- 011-01

MECHANIC  
SIGNATURE:


DATE:

6/2/18

LOCATION/RM #:

ME1

WO#

9237

ASSET #

7469

START TIME:

5:15

FINISH TIME:

5:30

CHECK/INSTRUCTIONS		STATUS		NOTES/EXPLANATIONS	
		YES	NO		
<b>SPECIAL INSTRUCTIONS</b>					
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.	/			
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>					
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:

only 5 lights xler 6



# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GATES, FENCES, SECURITY AND ACCESS

SITE AND BLDG #:

P 011-01

LOCATION/RM #:

MEP

WO# 9237

ASSET # 7558

MECHANIC  
SIGNATURE:


DATE:

6/2/15

START TIME:

800

FINISH TIME:

815

CHECK NO.	CHECK DESCRIPTION	TASK COMPLETED		NOTES/ACTIONS
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.		✓	
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.		✓	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
<b>GATES</b>				
1	Inspect all pivot points, hinges, latches, etc. Apply lubricant where needed, wiping off excess.		✓	
2	Check all locking devices. Lubricate as required.		✓	
3	Inspect center gate support rollers and lubricate as required.		✓	
4	Clean roller track of any debris.		✓	
5	Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary.		✓	
6	Check for any obstructions that retard full swing or movement of the gate.		✓	
7	Check that shrubs and trees are pruned clear of gate.		✓	
8	Check hold open devices for proper operation. Lubricate as required.		✓	
<b>FENCES</b>				
1	Check posts and corner posts, support guys, and horizontal bars between each support post.			
2	Check wire and anchor point; re-stretch and re-anchor if necessary.			
3	Inspect fence anchors along the bottom of the fence and at the point where the fence is connected to the post.			
4	Treat with galvanized protectant where rust has developed.			
5	If approved, apply weed control along entire base of fence. Consult the Safety Data Sheets (SDS) for hazardous ingredients and proper personal protective equipment (PPE).			
6	Check that shrubs and trees are pruned clear of fencing.			

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: