

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: PA 011 Date of Visit: 7/10/19

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Tony Lorenz</u> | 4. _____ |
| 2. <u>Jim Gerdgen</u> | 5. _____ |
| 3. <u>Scott Berry</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>9932</u> | _____ |
| 2. <u>9740</u> | _____ |
| 3. <u>9952</u> | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gerdgen Date: 7-10-19

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 Sr Date: 7-10-19

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 001-01

Date of Visit: 2/7/18

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Tom Corrales</u> | 4. _____ |
| 2. <u>Jon Gertzi</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>9848</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jon Gertzi Date: 7-10-19

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: 7-10-19

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

P001 -01

MECHANIC
SIGNATURE:

Lee

DATE:

7/2/15

LOCATION/RM #:

MEP

WO#

9846

ASSET #

7409

START TIME:

2300

FINISH TIME:

2310

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, 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.		✓	
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:

Still only 5 light
Not 6

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GATES, FENCES, SECURITY AND ACCESS

SITE AND BLDG #:

PA 011 - 01

MECHANIC

SIGNATURE:

DATE:

7/10/19

LOCATION/RM #:

MCP

WO#

9848

ASSET #

7508

START TIME:

8:00

FINISH TIME:

3:10

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, 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.		/	
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.		/	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
GATES				
	Inspect all pivot points, hinges, latches, etc. Apply lubricant where needed, wiping off excess.	/		
	Check all locking devices. Lubricate as required.	/		
	Inspect center gate support rollers and lubricate as required.	/		
	Clean roller track of any debris.	/		
	Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary.	/		
	Check for any obstructions that retard full swing or movement of the gate.	/		
	Check that shrubs and trees are pruned clear of gate.	/		
	Check hold open devices for proper operation. Lubricate as required.	/		
FENCES				
	Check posts and corner posts, support guys, and horizontal bars between each support post.			
	Check wire and anchor point; re-stretch and re-anchor if necessary.			
	Inspect fence anchors along the bottom of the fence and at the point where the fence is connected to the post.			
	Treat with galvanized protectant where rust has developed.			
	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).			
	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: