

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: P1013

Date of Visit: 3/4/19

Contractor Personnel on Site:

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

- 4.
- 5.
- 6.

Work Performed:

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

1. 7705 7993
2. 7775
3. 7947
4. 7785

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 3-4-19

Signed: Jim Geertgens

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: Richard T. Sam

Date: 4/4/19

Signed: Richard T. Sam

E-Mail: Richard.T.Sam@usgs.gov

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

FACID/Building: PA 013

Date of Visit: 3/4/19

Contractor Personnel on Site:

1. Tony Larson
2. Jim Gartgens
3. Scott Wern

- 4.
- 5.
- 6.

Work Performed:

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

1. 7574
- 2.
- 3.
- 4.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gartgens Date: 3-4-19

Signed: Jim Gartgens

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: Nicholas T. Sogu Date: 4/19/19

Signed: Nicholas T. Sogu

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: *Pp 013 - a*LOCATION/RM #: *MCP* WO# *7574* ASSET # *7433*MECHANIC
SIGNATURE: *Joy C*DATE: *3/4/11*START TIME: *0620*FINISH TIME: *0625*

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETION		NOTES/ACTIONS (INCLUDE COMPONENTS, EQUIPMENT, PROVIDERS, PLANNING)
		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"/>	
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>	<input 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:

1 - lc Thank You

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #:

P-013-01

MECHANIC
SIGNATURE: *Tom*DATE: *3/4/19*

LOCATION/RM #:

WO# 759

ASSET # 7437

START TIME: *0625*FINISH TIME: *0635*

CHECK POINT	CHECKPOINT DESCRIPTION	HAS BEEN PERFORMED		NOTES/ ACTIONS (DETAILED COMMENTS CONCERNING THIS CHECKPOINT)
		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"/>	
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"/>	
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To be performed by: General Maintenance Worker

Additional Notes:

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PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: *Pa 013 -01*LOCATION/RM #: *M6* WO# *7574* ASSET # *7475*MECHANIC
SIGNATURE: *Tay L*DATE: *3/4/11*START TIME: *0630*FINISH TIME: *0650*

PROCEDURE	DESCRIPTION	PASSED/COMPLETED		NOTES/ACTIONS (CLUDING COMPLETED DECODED PROVIDED EXPLANATION)
		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"/>	
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"/>		
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To be performed by: General Maintenance Worker

Additional Notes:

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