

CERTIFICATION OF WORK

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

FACID/Building: P 017 Date of Visit: 8/15/19

Contractor Personnel on Site:

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

Work Performed:

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

- | | |
|-----------------|-------|
| 1. <u>10251</u> | _____ |
| 2. <u>10438</u> | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Green Date: 8-15-19

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: London, Leshi Date: 8/15/19

Signed: [Signature]

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

FACID/Building: PA 017-01

Date of Visit: 8/7/18

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Tommy Gorman</u> | 4. _____ |
| 2. <u>Jim Gorman</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|-----------------|-------|
| 1. <u>10381</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tommy Gorman Date: 8/7/18

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: London Leshi Date: 8/15/19

Signed: [Signature]

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

LOCATION/RM #:

WO#

ASSET #

MECHANIC
SIGNATURE:

DATE:

START TIME:

FINISH TIME:

ITEM NO.	DESCRIPTION	STATUS		REMARKS/ACTIONS
		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.			
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.			
4	Open and tag switch.			
5	Inspect visual condition of wiring. Look for evidence of overheating.			
6	Check for proper light operation.			
7	Test operation of automatic switches/ time clock/ photocells if applicable.			
8	Inspect light pole and mounting devices for deficiencies.			
9	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:

6 PC

1 Light Test Comm out