

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: PA017

Date of Visit: 9/11/19

Contractor Personnel on Site:

1. TONY Lazarus
2. Jim Geertgens
3. Scott Werry

- 4.
- 5.
- 6.

Work Performed:

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

1. 10805
2. 10942
3. 10854
- 4.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 9-11-19

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: Leslie Lord Date: 9/11/19

Signed: 

E-Mail:

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

FacID/Building: PA 017 Date of Visit: 9/9/19

Contractor Personnel on Site:

- | | | | |
|----|---------------------|----|--|
| 1. | <u>TONY LARUS</u> | 4. | |
| 2. | <u>Jim Geertges</u> | 5. | |
| 3. | <u>Scott Werry</u> | 6. | |

Work Performed:

Other Recurring Services

- | | |
|----|--------------|
| 1. | <u>10783</u> |
| 2. | |
| 3. | |
| 4. | |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: TONY LARUS Date: 9/9/19
Signed: TONY LARUS

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 Leslie Landre Date: 9/11/19
Signed: Sgt Leslie Landre

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #:

PR 017 - C1

LOCATION/RM #:

MC-P

WO# 10753

ASSET # 7468

MECHANIC
SIGNATURE: *Joe*

DATE:

9/9/19

START TIME: 0625

FINISH TIME: 0635

ITEM NUMBER	DESCRIPTION	NOTES FROM INSTRUCTIONS		PERFORMED AT INSPECTION SERVICE
		PERFORMED	NOT PERFORMED	
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.			
1	Open and tag switch.			
2	Inspect visual condition of wiring. Look for evidence of overheating.			
3	Check for proper light operation.			
1	Test operation of automatic switches/ time clock/ photocells if applicable.			
3	Inspect light pole and mounting devices for deficiencies.			
	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:

1 Light Left Rear Corner 1800ft