

CERTIFICATION OF WORK

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

FACID/Building: PAC17

Date of Visit: 9/11/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Geertsen
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 Geertsen

Date: 9-11-19

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: Leslie Leach

Date: 9/11/19

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 017 Date of Visit: 9/9/19

Contractor Personnel on Site:

- |    |                     |    |       |
|----|---------------------|----|-------|
| 1. | <u>Tony LAZARUS</u> | 4. | _____ |
| 2. | <u>Jim GEERTSEN</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 LAZARUS Date: 9/9/19  
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: [Signature] Leslie Lander Date: 9/11/19  
Signed: [Signature]

E-Mail: \_\_\_\_\_

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

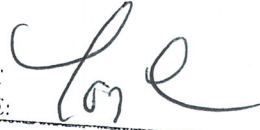
PR 017 - C1

LOCATION/RM #:

MEP

WO# 10753

ASSET # 7466

MECHANIC  
SIGNATURE:


DATE:

9/9/19

START TIME:

0625

FINISH TIME:

0635

GENERAL INSTRUCTIONS		PERFORMED AT / CHANGED SERVICE	
NO.	DESCRIPTION	DATE	BY
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.		
2	For any noted deficiency, take 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 Room Corner 120V