

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: PA 017

Date of Visit: 5/20/19

Contractor Personnel on Site:

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

4. Gary Belford
- 5.
- 6.

Work Performed:

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

1. 8546
2. 8652
3. 8778
- 4.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 5-20-19

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: Linda Leshi

Date: 5/20

Signed: 

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

FacID/Building: PC017 -or Date of Visit: 5/5/18

Contractor Personnel on Site:

1. Tony Lenz
2. Tom Gerger
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

Other Recurring Services

1. 8597
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Tony Lenz Date: 5/5/18

Signed: TG

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 684 Date: 5/20

Signed: SLZ

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST  
LIGHTING, OUTSIDESITE AND BLDG #: *Pp 017 -01*  
LOCATION/RM #: *M5P* WO# *587* ASSET # *746*MECHANIC  
SIGNATURE: *T. G. Lee*DATE: *5/5/18*START TIME: *0530*FINISH TIME: *0545*

ITEM #	DESCRIPTION	TASK COMPLETED	NOTES/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.			
	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:

*6 pc**1 List Back Log Area is our*