

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

FACID/Building: PA017

Date of Visit: 5/20/19

Contractor Personnel on Site:

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

4. Gary Beitzel
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 Geertman

Date: 5-20-19

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: Linda Leski

Date: 5/20

Signed: [Signature]

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

FACID/Building: P2017 - 01 Date of Visit: 5/17/18

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- |                |       |
|----------------|-------|
| 1. <u>8597</u> | _____ |
| 2. _____       | _____ |
| 3. _____       | _____ |
| 4. _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Lerman Date: 5/17/18  
Signed: [Signature]

To be signed by Facility Manager:

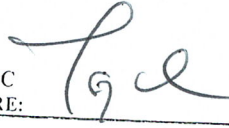
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Linda Lasky Date: 5/20  
Signed: [Signature]

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

P 017 -01

MECHANIC  
SIGNATURE:


DATE:

5/17/18

LOCATION/RM #:

MEP

WO# 6597

ASSET #

746

START TIME:

0530

FINISH TIME:

0542

CHECK POINT	CHECK/DESCRIPTION	CHECK/COMPLIANCE		NOTES/ACTIONS
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.	✓		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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, 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:

6

Pc

1 Cishk Back Cool Corner 15 out