

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

FACID/Building: PA 012

Date of Visit: 6/13/19

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.	<u>9100</u>	<u>9339</u>
2.	<u>9288</u>	<u>9470</u>
3.	<u>9416</u>	
4.	<u>9138</u>	

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 6-13-19

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: London Leigh

Date: 6/13/19

Signed: 

E-Mail:

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

FacID/Building: PE 017 Date of Visit: 6/13/19

Contractor Personnel on Site:

1. Tony Green
2. Jim Beertjens
3. Scott Werry

- 4.
- 5.
- 6.

Work Performed:

Other Recurring Services

1. 9236
- 2.
- 3.
- 4.

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jim Beertjens Date: 6-13-19  
Signed: Jim Beertjens

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, Leslie Date: 6/13/19  
Signed: Leslie London

E-Mail: leslie.london@usda.gov

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
LIGHTING, OUTSIDE

SITE AND BLDG #: *Pc 017 - 01*

LOCATION/RM #:

WO# *9236*ASSET # *7468*MECHANIC  
SIGNATURE: *John*DATE: *6/13/18*START TIME: *5:15*FINISH TIME: *5:30*

ITEM	DESCRIPTION	TASK COMPLETED	NOTES/EXPLANATIONS	
			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.		<input checked="" type="checkbox"/>	
2	Schedule and coordinate work with operating personnel.		<input checked="" type="checkbox"/>	
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.		<input checked="" type="checkbox"/>	
4	Open and tag switch.		<input checked="" type="checkbox"/>	
5	Inspect visual condition of wiring. Look for evidence of overheating.		<input checked="" type="checkbox"/>	
6	Check for proper light operation.		<input checked="" type="checkbox"/>	
7	Test operation of automatic switches/ time clock/ photocells if applicable.		<input checked="" type="checkbox"/>	
8	Inspect light pole and mounting devices for deficiencies.		<input checked="" type="checkbox"/>	
9	For any noted deficiency, takes pictures and open corrective maintenance ticket.		<input checked="" type="checkbox"/>	

**TO BE PERFORMED AT EACH INSPECTION SERVICE**

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 R**1 Light Back Left Corner is out*