

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: 7/18/19

Contractor Personnel on Site:

1. Tony Lazaros
2. Scott Wiley
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. 9876
2. 9927
3. 9959
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Lazaros Date: 7/18/19
Signed: Tony Lazaros

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: Bill Clark W69 Date: 18 7 2019

Signed: Bill Clark

E-Mail:

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

Facility/Building: Pro12-w1 Date of Visit: 2/2/18

Contractor Personnel on Site:

1. Tony Gross
2. Don Geertson
3. _____
4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 9847
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Gross Date: 2/2/18
Signed: Tony

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: Bill Clegg w69 Date: 18/7/2019
Signed: Bill Clegg

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: P 077-001
LOCATION/RM #: MCP WO# 9847 ASSET # 7468

MECHANIC SIGNATURE: *LG*

DATE: 7/16/15

START TIME: 205°

FINISH TIME: 2116

CHECKPOINT PROCEDURE	CHECKPOINT DESCRIPTION	SPECIAL INSTRUCTIONS	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
			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"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE					
1	Open and tag switch.		<input checked="" type="checkbox"/>		
2	Inspect visual condition of wiring. Look for evidence of overheating.		<input checked="" type="checkbox"/>		
3	Check for proper light operation.		<input checked="" type="checkbox"/>		
4	Test operation of automatic switches/ time clock/ photocells if applicable.		<input checked="" type="checkbox"/>		
5	Inspect light pole and mounting devices for deficiencies.		<input checked="" type="checkbox"/>		
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.		<input checked="" type="checkbox"/>		

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
l Light in Room Left Corri
15 GCR