

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: Pa 020

Date of Visit: 5/13/19

Contractor Personnel on Site:

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

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>8519</u> | _____ |
| 2. <u>8614</u> | _____ |
| 3. <u>8779</u> | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsen

Date: 5-13-19

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: Timothy S. Peters

Date: 13 MAY 19

Signed: _____

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

Facility/Building: PAGE-01 Date of Visit: 5/2/18

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>8572</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Luzzani Date: 5/2/18

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:

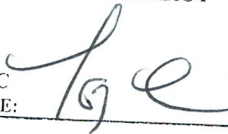
Print Name/Rank: TIMOTHY SPETERS Date: 13 MAY 19

Signed: [Signature]

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

PA 020-01

MECHANIC
SIGNATURE:


DATE:

5/2/18

LOCATION/RM #:

MEP

WO#

8572

ASSET #

7927

START TIME: 0800

FINISH TIME: 0805

ITEM NO.	DESCRIPTION	PASS/COMPLIANCE		NOTES/ACTIONS
		YES	NO	
SPECIAL INSTRUCTIONS				
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:

1 Pc