

CERTIFICATION OF WORK

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

FACID/Building: PA 020

Date of Visit: 6/13/19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Tony Lorenus</u> | 4. _____ |
| 2. <u>Jim Geertgens</u> | 5. _____ |
| 3. <u>Scott Werry</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>9163</u> | _____ |
| 2. <u>9426</u> | _____ |
| 3. <u>9333</u> | _____ |
| 4. <u>9457</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 6-13-19

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: TIMOTHY SPETERS

Date: 13 JUNE 19

Signed: [Signature]

E-Mail:

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

FACID/Building: Pr 020

Date of Visit: 6/13/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Geertgens
3. Soft Wern

4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 9211
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 6-13-19

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: Timothy S Peters

Date: 13 JUNE 19

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

P 020 - 01

LOCATION/RM #:

MEP

WO#

9211

ASSET #

7429

MECHANIC

SIGNATURE:

START TIME:

5:15

DATE:

6/13/19

FINISH TIME:

5:25

CHECK POINT	DESCRIPTION	YES/NO		NOTES/ACTIONS (REPAIRS, CORRECTIVE ACTIONS, OR PROVIDE EXPLANATION)
		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:

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