

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: Pr020 Date of Visit: 7/18/19

Contractor Personnel on Site:

1. Tony Greens
2. Scott Wren
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. 9888
2. 9988
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Greens Date: 7/18/19
Signed: _____
Tony Greens

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: 18 July 2019
Signed: _____
Ally P.

E-Mail:

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

FacID/Building: Pr 020-01 Date of Visit: 7/6/18

Contractor Personnel on Site:

1. Tom Lazzari
2. Joe Geertjens
3. _____
4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 9822
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tom Lazzari Date: 7/6/18
Signed: TL

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: THOMAS S PETERS Date: 18 July 2019
Signed: Thomas S. Peters
E-Mail: thomas.s.peters@usace.army.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: *Po 026 -01*LOCATION/RM #: *Mer* WO# *9822*ASSET # *7429*MECHANIC
SIGNATURE: *Tony*DATE: *7/7/15*START TIME: *2230*FINISH TIME: *2230*

CHECK POINT	CHECKPOINT DESCRIPTION	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:

1 P2