

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

FACID/Building: PR 042-01

Date of Visit: 8/8/19

Contractor Personnel on Site:

- |    |                      |    |       |
|----|----------------------|----|-------|
| 1. | <u>Tony Lizans</u>   | 4. | _____ |
| 2. | <u>J.M. Goertzen</u> | 5. | _____ |
| 3. | <u>Scott Werry</u>   | 6. | _____ |

Work Performed:

Other Recurring Services

- |    |              |
|----|--------------|
| 1. | <u>10370</u> |
| 2. | _____        |
| 3. | _____        |
| 4. | _____        |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Goertzen Date: 8-9-19

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: Vincent Vallejos SFC Date: 8-9-19

Signed: Vincent Vallejos

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: PA 042

Date of Visit: 8/9/19

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Tony Gorman</u>   | 4. _____ |
| 2. <u>Jim Geertsema</u> | 5. _____ |
| 3. <u>Scott</u>         | 6. _____ |

Work Performed:

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

- |                 |       |
|-----------------|-------|
| 1. <u>10235</u> | _____ |
| 2. <u>10418</u> | _____ |
| 3. <u>10492</u> | _____ |
| 4. _____        | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsema

Date: 8-9-19

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:

SFC  
Print Name/Rank: Vallejos, Vincent Vincent Vallejos

Date: 8-9-19

Signed: Vincent Vallejos

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST  
TIME CLOCK, LIGHTING

SITE AND BLDG #:

P 042-02

LOCATION/RM #:

CMs

WO#

0492

ASSET #

732S

MECHANIC  
SIGNATURE:

*[Signature]*

DATE:

8/2/19

START TIME:

5:00AM

FINISH TIME:

5:15AM

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		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.		✓	
2	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.		✓	
1	Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.	✓		
2	Check physical connections.	✓		
3	Verify the timeclock configuration, ensure proper operation.	✓		
4	If applicable, check battery and replace as needed.	✓		

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed discription of the deficiency.  
To be performed by: General Maintenance Worker

Additional Notes: