

CERTIFICATION OF WORK

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

FACID/Building: P2042

Date of Visit: 5/8/19

Contractor Personnel on Site:

1. Tony Lazzari
2. Jim Leathers
3. Scott Wern

4. Gary Batzel
5. _____
6. _____

Work Performed:

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

1. 8532
2. 8639
3. 8797
4. 8708

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Leathers

Date: 5-8-19

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: Rosier, Rodney SGT

Date: 5-8-19

Signed: _____

E-Mail: _____

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

FACID/Building: P-092

Date of Visit: 7/8/19

Contractor Personnel on Site:

- | | |
|-----------------------|-----------------------|
| 1. <u>Tony Lorenz</u> | 4. <u>Gary Kitzel</u> |
| 2. <u>Jim Gentry</u> | 5. _____ |
| 3. <u>Scott Werry</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>8586</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gentry

Date: 5-8-19

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: Rosier, Rodney ES SGT

Date: 5-8-19

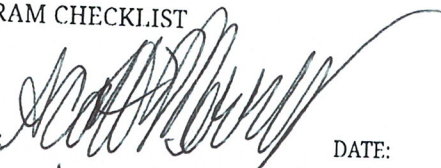
Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST TIME CLOCK, LIGHTING

SITE AND BLDG #:

Proed - C2

MECHANIC
SIGNATURE:


DATE:

r k 1/8

LOCATION/RM #: 68612

WO# 872

ASSET # 7328

START TIME:

4:30 AM

FINISH TIME:

4:45 AM

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.		✓	
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:

1 R

photo cell