

CERTIFICATION OF WORK

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

FACID/Building: PA 050

Date of Visit: 9/13/19

Contractor Personnel on Site:

1. Tony Lazzaro

2. Jim Geertgens

3. Scott Werry

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Work Performed:

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

1. 10768

2. 10933

3. \_\_\_\_\_

4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 9-13-19

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: ISG MOORE

Date: 09/13/19

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-050

Date of Visit: 9/13/19

Contractor Personnel on Site:

1. Tony Lizaros
2. Jim Geertgens
3. Scott Werry

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

Other Recurring Services

1. 10752
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 9-13-19

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: ISG Moore

Date: 09/13/19

Signed: \_\_\_\_\_



E-Mail: \_\_\_\_\_

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

P 050 -01

LOCATION/RM #:

MEP

WO# 10752

ASSET #

7467

MECHANIC

SIGNATURE:

*[Signature]*

DATE:

9/13/19

START TIME:

8:00

FINISH TIME:

8:10

| GENERAL INSTRUCTIONS |  | TO BE PERFORMED BY |    | INSPECTIONS |    | REPAIRS |    |
|----------------------|--|--------------------|----|-------------|----|---------|----|
| NO.                  | DESCRIPTION  | YES                | NO | YES         | NO | 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                    | 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.                      |                    |    |             |    |         |    |
| 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, take 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:

E R

one Right Hand behind door then is over

BK