

CERTIFICATION OF WORK

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

FACID/Building: Pr 050

Date of Visit: 6/11/19

Contractor Personnel on Site:

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

- 4.
- 5.
- 6.

Work Performed:

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

1. <u>9153</u>	<u>9484</u>
2. <u>9251</u>	
3. <u>9381</u>	
4. <u>9146</u>	

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 6-11-19

Signed: Jim Geertgens

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: Steven J. Davis

Date: 20190611

Signed: Steven J. Davis

E-Mail:

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

FacID/Building: Pr 050 Date of Visit: 6/11/19

Contractor Personnel on Site:

1. Tooy Gizeers
2. Jim Centger
3. Scott Werry

4.
5.
6.

Work Performed:

Other Recurring Services

1. 9235
2.
3.
4.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 6-11-19

Signed: Jim Geertgens

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: Steven Davis

Date: 20190611

Signed: SD

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: PA 050 - 01
LOCATION/RM #: MEP WO# 9235 ASSET # 7467

MECHANIC SIGNATURE: *John D. Murphy* DATE: 6/11/18
START TIME: 4:50 A.M. FINISH TIME: 5:05 A.M.

ITEM/PROCEDURE	DESCRIPTION	TASK COMPLETION		NOTES/ACHIEVEMENTS
		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"/>	<input checked="" type="checkbox"/>	
2	Schedule and coordinate work with operating personnel.	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	
4	Open and tag switch.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Check for proper light operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	For any noted deficiency, take pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>	<input 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:

6 PK Double
 2 HEAD By OMS Right side is out
 2 HEAD Behind Drill Hall Right side out
 2 HEAD to the right of Drill Hall has
 the Left side out.