

CERTIFICATION OF WORK

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

FACID/Building: Pa 050

Date of Visit: 7/11/19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Tony Lazzaro</u> | 4. _____ |
| 2. <u>Jim Georgians</u> | 5. _____ |
| 3. <u>Scott Wicks</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>9933</u> | _____ |
| 2. <u>9979</u> | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Georgians

Date: 7-11-19

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: Steve Davis

Date: 20190711

Signed: [Signature]

E-Mail:

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

FACID/Building: P050-01

Date of Visit: 2/11/69

Contractor Personnel on Site:

1. Tony Carano
2. Jim Gertgen
3. Scott Wynn

4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 9846
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gertgen

Date: 2-11-19

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: Steven Davis

Date: 20190711

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

P. 050-01

LOCATION/RM #:

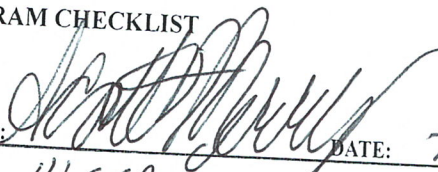
MEL

WO#

9846

ASSET #

7467

MECHANIC
SIGNATURE:


DATE:

7/11/18

START TIME:

4:55 A.M.

FINISH TIME:

5:05 A.M.

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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.		✓	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
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, takes 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:

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