

CERTIFICATION OF WORK

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

FACID/Building: Pa 051 07

Date of Visit: 3/13/19

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Tony Cerner</u> | 4. _____ |
| 2. <u>Jim Geertman</u> | 5. _____ |
| 3. <u>Scott Berry</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>7926</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertman Date: 3-13-19

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: Bill. [Signature] 556 Date: 13 MAR 19

Signed: [Signature] 556

E-Mail:

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

FACID/Building: Prosi -07

Date of Visit: 3/13/19

Contractor Personnel on Site:

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

Work Performed:

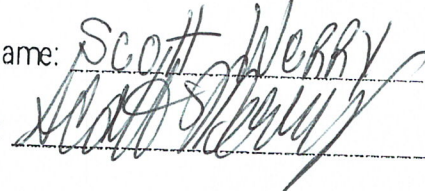
Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>7566</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Merry Date: 3/13/19

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: Brian R. AUGUSTIN Date: 13 MAR 19

Signed:  556

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

Pc 051-07

MECHANIC

SIGNATURE:

DATE:

3/13/19

LOCATION/RM #:

WO# 7566

ASSET #

7422

START TIME:

7:00AM

FINISH TIME:

7:15AM

CHECK POINT	CHECK POINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (If task complete, check box for procedure completion)
		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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Schedule and coordinate work with operating personnel.	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Open and tag switch.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Check for proper light operation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>	<input checked="" 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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GATES, FENCES, SECURITY AND ACCESS

SITE AND BLDG #:

Pa 051-07

LOCATION/RM #:

m5P

WO#

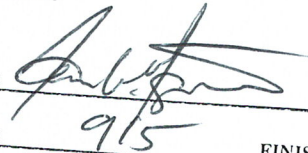
7566

ASSET #

7559

MECHANIC

SIGNATURE:



DATE:

3/13/18

START TIME:

9:15

FINISH TIME:

9:30

CHECK POINT	CHECK POINT DESCRIPTION	TASK COMPLETED		NOTES/ACTIONS (If task completed, no need for 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.			
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.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
GATES				
1	Inspect all pivot points, hinges, latches, etc. Apply lubricant where needed, wiping off excess.			
2	Check all locking devices. Lubricate as required.			
3	Inspect center gate support rollers and lubricate as required.			
4	Clean roller track of any debris.			
5	Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary.			
6	Check for any obstructions that retard full swing or movement of the gate.			
7	Check that shrubs and trees are pruned clear of gate.			
8	Check hold open devices for proper operation. Lubricate as required.			
FENCES				
1	Check posts and corner posts, support guys, and horizontal bars between each support post.			
2	Check wire and anchor point; re-stretch and re-anchor if necessary.			
3	Inspect fence anchors along the bottom of the fence and at the point where the fence is connected to the post.			
4	Treat with galvanized protectant where rust has developed.			
5	If approved, apply weed control along entire base of fence. Consult the Safety Data Sheets (SDS) for hazardous ingredients and proper personal protective equipment (PPE).			
6	Check that shrubs and trees are pruned clear of fencing.			

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: