

CERTIFICATION OF WORK

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

FACID/Building: PA 051 -07 Date of Visit: 4-12-19

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Gary Beitzel</u> | 4. _____ |
| 2. <u>Scott Werry</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>Q384</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Gary Beitzel Date: 4-12-19

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: Nedzic, William R CW4 Date: 4-12-19

Signed: 

E-Mail:

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

FACID/Building: PA 051-07 Date of Visit: 4-12-19

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Gary Beitzel</u> | 4. _____ |
| 2. <u>Scott Werry</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

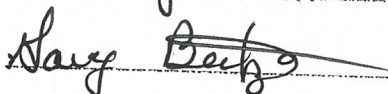
Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>8346</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

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Print Name: Gary Beitzel Date: 4-12-19

Signed: 

To be signed by Facility Manager:

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Print Name/Rank: Nedostys, William R LW4 Date: 4-12-19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST TIME CLOCK, LIGHTING

SITE AND BLDG #:

P 051 009

MECHANIC

SIGNATURE:

Hay B. [Signature]

DATE:

4/12/19

LOCATION/RM #:

111

WO#

8384

ASSET #

7326

START TIME:

10:00

FINISH TIME:

10:20

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 description of the deficiency. To be performed by: General Maintenance Worker

Additional Notes:

Photo

Cell

Panel