

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

FACID/Building: Pr 051 -02

Date of Visit: 3/14/19

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Tony Carney</u>  | 4. _____ |
| 2. <u>Scott Wern</u>   | 5. _____ |
| 3. <u>Jim Gerstgen</u> | 6. _____ |

Work Performed:

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

- |                |       |
|----------------|-------|
| 1. <u>7959</u> | _____ |
| 2. _____       | _____ |
| 3. _____       | _____ |
| 4. _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gerstgen Date: 3-14-19

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: Kurt Boes Date: 3-14-19

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: P051-09 Date of Visit: 3/14/19

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- |                |       |
|----------------|-------|
| 1. <u>7542</u> | _____ |
| 2. _____       | _____ |
| 3. _____       | _____ |
| 4. _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsen Date: 3-14-19

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: Kurt Bates Date: 3-14-19

Signed: [Signature]

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

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

P051 -09

MECHANIC  
SIGNATURE:

DATE:

3/14/19

LOCATION/RM #:

Parkin

WO#

7989

ASSET #

7409

START TIME:

630

FINISH TIME:

645

CHECK POINT	CHECK/PROHIBITED DESCRIPTION	TASKS COMPLETION		NOTES/ACTIONS (If task is completed, check box and provide explanation)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.		/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
	Open and tag switch.		NA	
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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PC