

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

FACID/Building: Pc 651 - 194

Date of Visit: 8/5/19

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>Tony Cezar</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | |
|-----------------|
| 1. <u>16401</u> |
| 2. _____ |
| 3. _____ |
| 4. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Cezar Date: 8/5/19
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: Sgt Edward Swes Date: 8/5/19
Signed: [Signature]

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

FACID/Building: Pa 051 - 194

Date of Visit: 8/5/19

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>Tony Luzzo</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|-----------------|-------|
| 1. <u>10330</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Luzzo Date: 8/5/19

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:

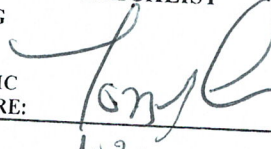
Print Name/Rank: SGT Edward Sives Date: 8/5/19

Signed: [Signature]

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST TIME CLOCK, LIGHTING

SITE AND BLDG #:

P0001 - 154

MECHANIC
SIGNATURE:


DATE:

8/1/18

LOCATION/RM #:

WO#

10401

ASSET #

7323

START TIME:

1030

FINISH TIME:

1100

| 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 | 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 | 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 any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

Photo

Call

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST TIME CLOCK, LIGHTING

SITE AND BLDG #:

1001 -194

MECHANIC
SIGNATURE:

[Signature]

DATE:

6/7

LOCATION/RM #:

WO# 10401

ASSET # 7349

START TIME:

10:30

FINISH TIME: 11:00

| 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 | 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 | Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up. | W/L | | |
| 2 | Check physical connections. | ✓ | | |
| 3 | Verify the timeclock configuration, ensure proper operation. | ✓ | | |
| 4 | If applicable, check battery and replace as needed. | W/L | | |

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

Additional Notes:

Photo Ceu