

CERTIFICATION OF WORK

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

FACID/Building: PROS 01

Date of Visit: 3/14/19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Tony Lanza</u> | 4. _____ |
| 2. <u>Jim Geertgens</u> | 5. _____ |
| 3. <u>Scott Werry</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>7489</u> | _____ |
| 2. <u>7773</u> | _____ |
| 3. <u>8025</u> | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

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: Jody Berry / SGT

Date: 20190314

Signed: Jody Berry

E-Mail:

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

FACID/Building: P1052-01

Date of Visit: 3/14/19

Contractor Personnel on Site:

- | | | | |
|----|----------------------|----|-------|
| 1. | <u>Tony Cizew</u> | 4. | _____ |
| 2. | <u>Jim Geertgens</u> | 5. | _____ |
| 3. | <u>Scott Warr</u> | 6. | _____ |

Work Performed:

Other Recurring Services

- | | | |
|----|-------------|-------|
| 1. | <u>7588</u> | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: Jody Berry Date: 20190314

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

Pa Gr2-a1

MECHANIC

SIGNATURE:

DATE: 3/14/19

LOCATION/RM #:

MEP

WO# 7588

ASSET # 7412

START TIME:

6:45 AM

FINISH TIME:

7:00 AM

| CHECK POINT | CHECKPOINT DESCRIPTION | TEST/COMPLIANCE | | NOTES/ACTIONS |
|---|--|-----------------|----|---------------|
| | | 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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