

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: Pr052

Date of Visit: 8/13/19

Contractor Personnel on Site:

1. Scott Werry
2. \_\_\_\_\_
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

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

1. 10421
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry Date: 8/13/19  
Signed: Scott Werry

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: Robert Luther 1615-09 Date: 20190813  
Signed: Robert Luther

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

Facility/Building: Po 052 Date of Visit: 8/13/19

Contractor Personnel on Site:

1. Scott Werry

2.

3.

4.

5.

6.

Work Performed:

Other Recurring Services

1. 10366

2.

3.

4.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry Date: 8/13/19

Signed: Scott Werry

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: Robert Luther / G5-09 Date: 20190813

Signed: Robert Luther

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**TIME CLOCK, LIGHTING**

SITE AND BLDG #: *Pp 052-01*LOCATION/RM #: *Blocke* WO# *10421* ASSET # *7342*MECHANIC  
SIGNATURE:

DATE:

*8/13/19*START TIME: *8:00*FINISH TIME: *8:10*

CHECK POINT	CHECKPOINT DESCRIPTION	SPECIAL INSTRUCTIONS	TASK COMPLETED		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.		<input checked="" type="checkbox"/>		
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.		<input checked="" type="checkbox"/>		
1	Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.	<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>	<input checked="" type="checkbox"/>		
2	Check physical connections.		<input checked="" type="checkbox"/>		
3	Verify the timeclock configuration, ensure proper operation.		<input checked="" type="checkbox"/>		
4	If applicable, check battery and replace as needed.		<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:

*1 Pp*