

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: Pr 052

Date of Visit: 5.13.19

Contractor Personnel on Site:

1. Gary Buetzel
2. Scott Werry
3. _____

4. _____
5. _____
6. _____

Work Performed:

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

1. Asset numbers 6844, ~~████████~~, 6863, 7342, 6933, 5041
2. _____
3. W# 8637, 8724
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Gary Buetzel

Date: 5.13.19

Signed: Gary Buetzel

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: 2019 05 13

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: PAS2 Date of Visit: 5.13.19

Contractor Personnel on Site:

1. Gary Bartz
2. Scott Werry
3. _____
4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 7442
2. _____
3. Wor 8582
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Gary Bartz Date: 5.13.19
Signed: Gary Bartz

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: 20190513
Signed: Jody Berry

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: PAS2-01

LOCATION/RM #: Parking b1 WO# 8582 ASSET # 7442

MECHANIC
SIGNATURE: 

DATE: 5.13.19

START TIME: 5:30AM

FINISH TIME: 5:45AM

ITEM	DESCRIPTION	TASK COMPLETED		NOTES/ACTIONS
		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"/>	<input checked="" type="checkbox"/>	
2	Schedule and coordinate work with operating personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TO BE PERFORMED AT EACH INSPECTION SERVICE			
1	Open and tag switch.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Check for proper light operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>	<input 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: