

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

FACID/Building: Pa 053

Date of Visit: 3/14/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Geertgen
3. Scott Werry

4. _____
5. _____
6. _____

Work Performed:

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

1. 7746
2. 7869
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgen

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: MAJ Bruce Jordan

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: PA053 -01

Date of Visit: 3/14/19

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>7582</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 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: MAJ Bruce Jordan Date: 3/14/19

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #:

Pc 053-01

MECHANIC

SIGNATURE:

DATE:

3/14/18

LOCATION/RM #:

Parking

WO#

7869

ASSET #

7376

START TIME: 8:00

FINISH TIME: 8:15

CHECK POINT	CHECK/DESCRIPTION	STATUS (COMPLIANCE)		NOTES/ACTIONS (IF TAKEN COMPLIANCE REQUIRED, 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	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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

D Pc Rush

Left side two HEADED light upper light out
 Right side two HEADED light lower light out