

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: Fr 053 Date of Visit: 8/13/19

Contractor Personnel on Site:

1. Scott Werry 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

Work Performed:

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

1. 1049  
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: Nelcy Palmer SFC Date: 13 Aug 19  
Signed: Nelcy Palmer

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST  
LIGHTING, OUTSIDESITE AND BLDG #: *Pr 083 - 02*  
LOCATION/RM #: *met* WO# *10363* ASSET # *7436*MECHANIC  
SIGNATURE: *Scott D. Miller* DATE: *8/13/19*  
START TIME: *8:30* FINISH TIME: *8:46*

ITEM NUMBER	CHECKLIST DESCRIPTION	PASSED/FAILED		NOTES/ACCTIONS (DESCRIBE ANY CORRECTIVE ACTION TAKEN)
		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 checked="" 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 checked="" type="checkbox"/>	
4	Open and tag switch.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Check for proper light operation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
9	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>	<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:

*Check with override*

*J P<sub>c</sub> Dooyle*