

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

FACID/Building: P1083-01 Date of Visit: 4/12/19

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- |                |       |
|----------------|-------|
| 1. <u>8354</u> | _____ |
| 2. _____       | _____ |
| 3. _____       | _____ |
| 4. _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: SCOTT WERRY Date: 4/12/19  
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: Lt. Ronald L. L. Date: 20190411

Signed: Ronald L. L.

E-Mail: \_\_\_\_\_

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

PA 083 -01

MECHANIC

SIGNATURE: 

DATE:

4/12/18

LOCATION/RM #:

M80

WO#

8359

ASSET #

7438

START TIME:

5:45 A.M.

FINISH TIME:

6:00 A.M.

CHECK POINT	CHECK POINT DESCRIPTION	TEST COMPLETION		NOTES/ACTIONS (ATTACH CORRECTIVE MAINTENANCE TICKET OR PHOTOGRAPH)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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"/>	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Open and tag switch.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Check for proper light operation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	For any noted deficiency, take 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:

2      PC      Double