

CERTIFICATION OF WORK

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

FACID/Building: P2053-01, 02 Date of Visit: 5/13/19

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Scott WERRY</u> | 4. _____ |
| 2. <u>GARY BEITZEL</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | |
|--|
| 1. <u>6820, 6899, 7346, 5042, 3412</u> |
| 2. _____ |
| 3. <u>W01# 8635, 8785, 8274</u> |
| 4. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott WERRY Date: 5/13/19
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: CIV Anita Moore Date: 20190513

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: 5/13/19

Contractor Personnel on Site:

1. Scott Werry
2. GARY Beitzel
3. _____

4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 7438 was 8578
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry

Date: 5/13/19

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: Cir Anita Moore

Date: 20190513

Signed: Anita Moore

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

PA53-01

LOCATION/RM #:

MEP/lot WO# 8579

ASSET # 7438

MECHANIC
SIGNATURE:

START TIME:

[Signature]
DATE: 5/13/19
9:30
FINISH TIME: 10:00

CHECK POINT	DESCRIPTION	TEST RESULTS		NOTES/ACTIONS
		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 description of the deficiency.
To be performed by: General Maintenance Worker

Additional Notes:

Checked with over ride.