

CERTIFICATION OF WORK

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

FACID/Building: Poss

Date of Visit: 7-19-19

Contractor Personnel on Site:

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

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>9934</u> | _____ |
| 2. <u>9741</u> | _____ |
| 3. <u>9986</u> | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgas

Date: 7-19-19

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: TIMOTHY S PETERS

Date: 19 July 2019

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: P. 055

Date of Visit: 7-19-19

Contractor Personnel on Site:

1. Jim Geedgen

4. _____

2. _____

5. _____

3. _____

6. _____

Work Performed:

Other Recurring Services

1. 9818

2. _____

3. _____

4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geedgen

Date: 7-19-19

Signed: _____

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: TIMOTHY S PETERS

Date: 19 July 2019

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

P0055 - 01

LOCATION/RM #:

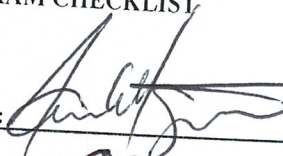
MEP

WO#

9818

ASSET #

7421

MECHANIC
SIGNATURE:

DATE:

7-14-19

START TIME:

8:30 pm

FINISH TIME:

8:45 pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, 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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

1 Pc possible

Right Side over

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

P 055 - 1

LOCATION/RM #:

MEL

WO#

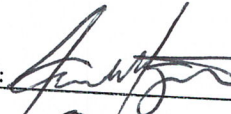
9818

ASSET #

7428

MECHANIC

SIGNATURE:



DATE: 7-14-19

START TIME:

8:30 pm

FINISH TIME:

8:45 pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
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To be performed by: General Maintenance Worker

Additional Notes:

1 R