

CERTIFICATION OF WORK

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

FACID/Building: PA 079

Date of Visit: 3/26/19

Contractor Personnel on Site:

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

Work Performed:

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

- |                |       |
|----------------|-------|
| 1. <u>7645</u> | _____ |
| 2. <u>7767</u> | _____ |
| 3. <u>8026</u> | _____ |
| 4. <u>7816</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 3-26-19

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: Josh Sutton GS-11

Date: 26 Mar 19

Signed: [Signature]

E-Mail: joshua.e.sutton2.civ@mail.mil

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

FACID/Building: Pc 079 Date of Visit: 3/26/19

Contractor Personnel on Site:

1. Tony Lazzarus
2. Jim Geertgens
3. Scott Warr
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

Other Recurring Services

1. 7544
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 3-26-19

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: Josh Sutton GS-11 Date: 26 Mar 19

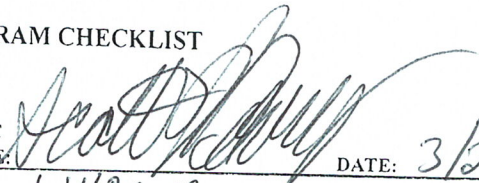
Signed: [Signature]

E-Mail: joshua.e.sutton2.civ@mail.mil

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

Pa 079-01

MECHANIC  
SIGNATURE:


DATE: 3/28/19

LOCATION/RM #:

MEP

WO# 7544

ASSET # 7471

START TIME: 6:40 A.M.

FINISH TIME: 7:00 A.M.

CHECK POINT	DESCRIPTION	PASS/COMPLIANCE		NOTES/ACTIONS (If not completed, the check should provide explanation)
		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, 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:

8 pc Double

Right HEAD on pole on left side of CMS  
is out