

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: PF 079

Date of Visit: 3/26 /19

Contractor Personnel on Site:

1. Josh Gergens
2. Scott Werry
3. Jim Geertgens
4. _____
5. _____
6. _____

Work Performed:

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

1. 7645
2. 7767
3. 8026
4. 7816

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: Jim Geertgens

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: J. E. Sutton

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: Pr 079 Date of Visit: 3/26/19

Contractor Personnel on Site:

1. Tom Goren
2. Jim Geertges
3. Scott Wenz
4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 7544
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tom Geertges Date: 3-26-19

Signed: Tom Geertges

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: J. Elliott

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

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: *Pn* 079-01
LOCATION/RM #: *M6P* WO# 7544 ASSET # 7471

MECHANIC
SIGNATURE: *Scott D. Dwyer*

DATE: 3/26/19

START TIME: 6:40AM

FINISH TIME: 7:00AM

CHECK ITEM	DESCRIPTION	TASK COMPLETED		NOTES/ACCTIONS (DETAILED TECHNICAL PROVIDED IN CHECKLIST)
		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"/>		
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"/>		
TO BE PERFORMED AT EACH INSPECTION/ SERVICE				
1	Open and tag switch.	<input checked="" type="checkbox"/>		
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>		
3	Check for proper light operation.	<input checked="" type="checkbox"/>		
4	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>		
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>		
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<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 OMS

is out