

CERTIFICATION OF WORK

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

FACID/Building: P-078

Date of Visit: 5/15/19

Contractor Personnel on Site:

1. Tony Gomez

2. Jim Gertgen

3. Scott Wang

4. _____

5. _____

6. _____

Work Performed:

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

1. 8501

2. 8640

3. 8763

4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gertgen

Date: 5-15-19

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: Josh Sutton

Date: 15 May 19

Signed: _____

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: PA 028-01

Date of Visit: 5/15/19

Contractor Personnel on Site:

- | | | | |
|----|---------------------|----|-------|
| 1. | <u>Jonny Lorenz</u> | 4. | _____ |
| 2. | <u>Don Gortner</u> | 5. | _____ |
| 3. | <u>Scott Werny</u> | 6. | _____ |

Work Performed:

Other Recurring Services

- | | | |
|----|-------------|--|
| 1. | <u>8560</u> | |
| 2. | _____ | |
| 3. | _____ | |
| 4. | _____ | |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gortner

Date: 5-15-19

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: Josh Sutton/GS-11

Date: 15 May 19

Signed: _____

E-Mail: _____

joshua.e.sutton2.civ@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

Pa 079 -01

MECHANIC

SIGNATURE:

DATE:

5/15/19

LOCATION/RM #

1058

WO#

8560

ASSET #

771

START TIME:

5:30 A.M.

FINISH TIME:

5:45 A.M.

ITEM NO.	DESCRIPTION	TASK COMPLETION		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				
	Open and tag switch.	✓		
2	Inspect visual condition of wiring. Look for evidence of overheating.	✓		
3	Check for proper light operation.	✓		
	Test operation of automatic switches/ time clock/ photocells if applicable.	✓		
	Inspect light pole and mounting devices for deficiencies.	✓		
	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:

8 R Rsh

1 Item on Right Side of One

Check Item

1 Item on Left Side of One

Right Item

are out

BK