

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

FACID/Building: Pr 079

Date of Visit: 8/26/19

Contractor Personnel on Site:

1. Tony Czar
2. Jim Gertgen
3. Scott Werry

4. _____
5. _____
6. _____

Work Performed:

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

1. 10208
2. 10424
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gertgen

Date: 8-26-19

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 Aug 19

Signed: [Signature]

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

Facility/Building: Pr 079

Date of Visit: 8/26/19

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- | | | |
|----|--------------|--|
| 1. | <u>10344</u> | |
| 2. | _____ | |
| 3. | _____ | |
| 4. | _____ | |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gaertgen Date: 8.26.19

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 Aug 19

Signed: [Signature]

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

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

P 078-01

MECHANIC

SIGNATURE

DATE:

8/26/15

LOCATION/RM #:

MEL

WO#

10344

ASSET #

7471

START TIME:

5:45

FINISH TIME:

6:00

GENERAL INSTRUCTIONS		SPECIAL INSTRUCTIONS		WORKS/REPAIRS	
NO.	DESCRIPTION	DATE	BY	NO.	DESCRIPTION
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:

S R Double

Left Head on Right Pole Behind CMS GTR
Right Head on Left Pole Behind CMS GTR

BK