

CERTIFICATION OF WORK

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

FACID/Building: P072

Date of Visit: 6/20/19

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Tony Luzzani</u> | 4. _____ |
| 2. <u>Jim Geertjes</u> | 5. _____ |
| 3. <u>Scott Warr</u>   | 6. _____ |

Work Performed:

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

- |                |
|----------------|
| 1. <u>9311</u> |
| 2. _____       |
| 3. _____       |
| 4. _____       |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertjes Date: 6-20-19

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 Rote NC-10 Date: 20 June

Signed: T. Rote Inspector

E-Mail: AMSA 105 BMA

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

FACID/Building: PA 079-01

Date of Visit: 6/20/19

Contractor Personnel on Site:

- |                 |                 |          |
|-----------------|-----------------|----------|
| 1. <u>Tooz</u>  | <u>Cazans</u>   | 4. _____ |
| 2. <u>Jim</u>   | <u>Geertgen</u> | 5. _____ |
| 3. <u>Scott</u> | <u>Werny</u>    | 6. _____ |

Work Performed:

Other Recurring Services

- |                 |       |
|-----------------|-------|
| 1. <u>9/199</u> | _____ |
| 2. _____        | _____ |
| 3. _____        | _____ |
| 4. _____        | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgen

Date: 6-20-19

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 Rote

Date: 20 June 19

Signed: [Signature]

E-Mail:

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

P 572-01

LOCATION/RM #:

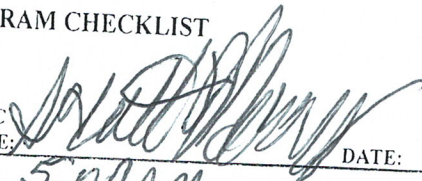
MCI

WO#

9199

ASSET #

7471

MECHANIC  
SIGNATURE:


DATE:

6/20/19

START TIME:

5:00AM

FINISH TIME:

5:15AM

CHECK ITEM	CHECK/DESCRIPTION	CHECK/COMPLETION		NOTES/ACTIONS (If not completed, 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.		✓	
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.		✓	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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:

Left side Right Head  
Right side Left Head

S

R