

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

FACID/Building: Pro72

Date of Visit: 6/20/18

Contractor Personnel on Site:

1. Tim 62041
2. John Grafges
3. Scott Warr

- 4.
- 5.
- 6.

Work Performed:

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

1. 9311
- 2.
- 3.
- 4.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Grafges Date: 6-20-19

Signed: John Grafges

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 Rate NG 10 Date: 20 June

Signed: Tim Rate 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 079-07 Date of Visit: 6/20/19

Contractor Personnel on Site:

1. Joey Larson
2. Tom Greenstein
3. Scott Werry
4.
5.
6.

Work Performed:

Other Recurring Services

1. 9199
2.
3.
4.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jyceetgens Date: 6-20-19
Signed: Jyceetgens

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 Rose Date: 20 June 19
Signed: Tim Rose

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: *Pr 078-01*LOCATION/RM #: *M61* WO# *9199* ASSET # *7471*MECHANIC
SIGNATURE: *John D. Miller*DATE: *6/20/19*START TIME: *5:00AM*FINISH TIME: *5:15AM*

ITEM #	DESCRIPTION	TASK COMPLETED	NOTES / ACTIONS	
			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"/>	
2	Schedule and coordinate work with operating personnel.		<input 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 type="checkbox"/>	
4	Open and tag switch.		<input type="checkbox"/>	
5	Inspect visual condition of wiring. Look for evidence of overheating.		<input checked="" type="checkbox"/>	
6	Check for proper light operation.		<input checked="" type="checkbox"/>	
7	Test operation of automatic switches/ time clock/ photocells if applicable.		<input checked="" type="checkbox"/>	
8	Inspect light pole and mounting devices for deficiencies.		<input checked="" type="checkbox"/>	
9	For any noted deficiency, takes pictures and open corrective maintenance ticket.		<input checked="" type="checkbox"/>	

TO BE PERFORMED AT EACH INSPECTION SERVICE

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:

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*8**RC*