

FORMS

CERTIFICATION OF WORK

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

FACID/Building: Pross Date of Visit: 4/8/19

Contractor Personnel on Site:

- | | |
|-----------------------|-----------------------|
| 1. <u>Tony Lorenz</u> | 4. <u>Gary Beitel</u> |
| 2. <u>Jim Gerdson</u> | 5. _____ |
| 3. <u>Scott Wern</u> | 6. _____ |

Work Performed:

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

- | |
|----------------|
| 1. <u>8237</u> |
| 2. <u>8309</u> |
| 3. _____ |
| 4. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gerdson Date: 4-8-19Signed: [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: James T. Wolff Date: 8 APR 19Signed: JAMES T. WOLFFE-Mail: james.t.wolff.civ@mail.mil

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

FACID/Building: PO 087 Date of Visit: 4/5/19

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Tony Carano</u> | 4. _____ |
| 2. <u>Jim Geertens</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>8355</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertens Date: 9-8-19

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: WOLFF, JAMES T. 659 Date: 8 APR 19

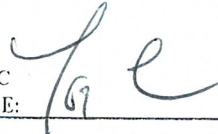
Signed: [Signature]

E-Mail: james.t.wolff.civ@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #:

Pc 087 -01

MECHANIC
SIGNATURE:


DATE:

4/5/11

LOCATION/RM #:

M61

WO#

8355

ASSET #

7438

START TIME:

0500

FINISH TIME:

0510

CHECKS ITEM	CHECK/DESCRIPTION	PASS/COMPLIANCE		NOTES/ACTIONS (If a repair is required, check the appropriate box)
		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				
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, take 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:

2 Pc