

CERTIFICATION OF WORK

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

FACID/Building: PA087

Date of Visit: 6-10-19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Jim Geertgens</u> | 4. _____ |
| 2. <u>Scott Woff</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------------|
| 1. <u>9083</u> | <u>9103</u> |
| 2. <u>9064</u> | <u>9337</u> |
| 3. <u>9309</u> | <u>9453</u> |
| 4. <u>9420</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 6-10-19

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: G99 WOFF, JAMES T.

Date: 10 JUN 19

Signed: [Signature]

E-Mail: james.t.woff@...

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

Facility/Building: P 687

Date of Visit: 6-10-19

Contractor Personnel on Site:

1. Jim Geertgens

4. _____

2. _____

5. _____

3. _____

6. _____

Work Performed:

Other Recurring Services

1. 9219

2. _____

3. _____

4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 6-10-19

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: GS9 WOFFT, JAMES T.

Date: 10 JUN 19

Signed: [Signature]

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

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

PA 087 - 0,

MECHANIC

SIGNATURE:

DATE:

6-10-19

LOCATION/RM #:

MEP

WO#

9219

ASSET #

7439

START TIME:

515

FINISH TIME:

530

ITEM NO.	DESCRIPTION	EQUIPMENT/COMPONENT		NOTES/ACTIONS
		TYPE	SIZE	
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, 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:

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