

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: Pr007

Date of Visit: 7/12/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Geertgens
3. Scott Werry

- 4.
- 5.
- 6.

Work Performed:

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

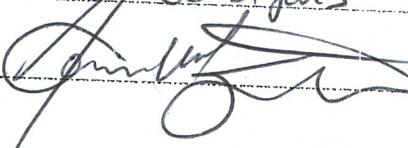
1. 9927
2. 9730
3. 996r
- 4.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 7-12-19

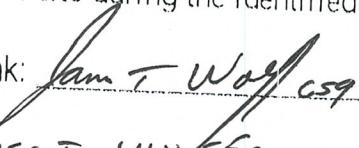
Signed: 

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, CSM

Date: 12 Jul 19

Signed: 

E-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)

Facility/Building: Ps 087-01 Date of Visit: 7/7/19

Contractor Personnel on Site:

1. Tony Gravas
2. Jim Geffgens
3. _____
4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 9830
2. _____
3. _____
4. _____

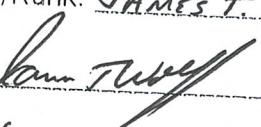
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geffgens Date: 7-12-19
Signed: 

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 C59 Date: 12Jul19
Signed: 
E-Mail: James.t.wolff.civ@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: *Pr 087 -01*LOCATION/RM #: *MEP* WO# *9830* ASSET # *7439*MECHANIC
SIGNATURE: *TQ*DATE: *7/2/14*START TIME: *2150*FINISH TIME: *2200*

CHECKPOINT POINT	CHECKPOINT DESCRIPTION	TASK COMPLETED	NOTES/ACTIONS (IF TASK IS NOT COMPLETED, PROVIDE EXPLANATION)	
			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.		<i>/</i>	
2	Schedule and coordinate work with operating personnel.		<i>/</i>	
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.		<i>/</i>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Open and tag switch.		<i>/</i>	
2	Inspect visual condition of wiring. Look for evidence of overheating.		<i>/</i>	
3	Check for proper light operation.		<i>/</i>	
4	Test operation of automatic switches/ time clock/ photocells if applicable.		<i>/</i>	
5	Inspect light pole and mounting devices for deficiencies.		<i>/</i>	
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.		<i>/</i>	

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 Pe