

CERTIFICATION OF WORK

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

FACID/Building: Pp 096 Date of Visit: 3/22/19

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Tony Lazzari</u> | 4. _____ |
| 2. <u>Scott Werry</u>  | 5. _____ |
| 3. _____               | 6. _____ |

Work Performed:

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

- |                |             |
|----------------|-------------|
| 1. <u>7484</u> | <u>7799</u> |
| 2. <u>7686</u> | <u>7967</u> |
| 3. <u>7749</u> | _____       |
| 4. <u>8019</u> | _____       |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: SCOTT WERRY Date: 3/22/19  
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: Hannah Florian GS09 Date: 3/22/19

Signed: [Signature]

E-Mail: hannah.l.florian.civ@ma.mil

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

FACID/Building: P096 -

Date of Visit: 3/22/19

Contractor Personnel on Site:

- |                       |          |
|-----------------------|----------|
| 1. <u>Tony Lazans</u> | 4. _____ |
| 2. <u>Scott Werry</u> | 5. _____ |
| 3. _____              | 6. _____ |

Work Performed:

Other Recurring Services

- |                |       |
|----------------|-------|
| 1. <u>7590</u> | _____ |
| 2. _____       | _____ |
| 3. _____       | _____ |
| 4. _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry Date: 3/22/19  
Signed: Scott Werry

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: Hannah Florian GS-09 Date: 3/22/19  
Signed: Hannah Florian  
E-Mail: hannah.l.florian.civ@mail.mil

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

P1 096-01

MECHANIC

SIGNATURE:

DATE: 3/22/19

LOCATION/RM #:

MSP

WO#

7590

ASSET #

7443

START TIME:

6:30 A.M.

FINISH TIME:

6:45 A.M.

CHECK POINT	CHECK/DESCRIPTION	PASS/COMPLIANCE		NOTES/ACTIONS (If not completed, check box and 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, 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 Single

one in Back last corner

15 out



# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

Pc 086-01

LOCATION/RM #:

Park

WO# 7590

ASSET # 7461

MECHANIC  
SIGNATURE:

START TIME:

6:30AM

DATE:

3/22/19

FINISH TIME:

6:45AM

CHECK POINT	CHECK/DESCRIPTION	PASS/COMPLIANCE		NOTES/ACTIONS (If Pass/Compliance checked, no need for 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:

5 pc Double

2 OUT above Dumpster

2 OUT 1st Back Lot

1 OUT on left side by CMS