

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: Pr 086

Date of Visit: 8/20/19

Contractor Personnel on Site:

1. Scott Werry

4.

2. _____

5. _____

3. _____

6. _____

Work Performed:

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

1. 10187

2. 10437

3. _____

4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry

Date: 8/20/19

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: Booth, Ericka M

Date: 20190820

Signed: Ericka M Booth

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

FacID/Building: 10096-01 Date of Visit: 8/20/19

Contractor Personnel on Site:

1. Scott Werry

2. _____

3. _____

4. _____

5. _____

6. _____

Work Performed:

Other Recurring Services

1. 10367

2. _____

3. _____

4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry Date: 8/20/19
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: Booth, Enrica Date: 20190820
Signed: EBR

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #: 10098-01
LOCATION/RM #: MCP WO# 10367 ASSET # 7443

MECHANIC SIGNATURE: Scott Newell DATE: 8/20/13
START TIME: 5:00AM FINISH TIME: 6:15AM

PROCEDURE NUMBER	PROCEDURE DESCRIPTION	BASIC EQUIPMENT		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 checked="" 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 checked="" type="checkbox"/>		
TO BE PERFORMED AT THE INSPECTION SERVICE				
1	Open and tag switch.	<input checked="" type="checkbox"/>		
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>		
3	Check for proper light operation.	<input checked="" type="checkbox"/>		
4	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>		
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>		
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>		

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 R Single

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: Pa 092 ~ 01

LOCATION/RM #: MCP WO# 10367 ASSET # 7461

MECHANIC
SIGNATURE

DATE:

8/26/18

START TIME:

5:00 AM

FINISH TIME:

5:15 AM

ITEM	DESCRIPTION	PRACTICALITY		SPECIAL INSTRUCTIONS	OWNER/ACTION
		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"/>	<input checked="" type="checkbox"/>		
2	Schedule and coordinate work with operating personnel.	<input checked="" 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 checked="" type="checkbox"/>			
ITEMS TO BE PERFORMED AT EACH INSPECTION SERVICE					
1	Open and tag switch.	<input checked="" type="checkbox"/>			
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>			
3	Check for proper light operation.	<input checked="" type="checkbox"/>			
4	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>			
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>			
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>			

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 poles out in back lot