

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: Pr 121 Date of Visit: 3/13/19

Contractor Personnel on Site:

1. Tooy Lenz
2. Jim Geertsen
3. Scott Werry
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

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

1. 7506
2. 7678
3. 7630
4. 8041

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsen Date: 3-13-19

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: Kevin Hoover WL09 Date: 20190313

Signed: 

E-Mail: Kevin.J.Hoover.CIV@mail.mil

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

FacID/Building: PF 171

Date of Visit: 3/13/19

Contractor Personnel on Site:

1. Tom Grun
2. Jim Geertges
3. Scott Berry

- 4.
- 5.
- 6.

Work Performed:

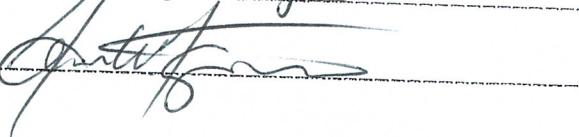
Other Recurring Services

1. 7554
- 2.
- 3.
- 4.

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jim Geertges Date: 3-13-19

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: Kevin Hoover W609 Date: 20190303

Signed: 

E-Mail: Kevin.J.Hoover.civ@mail.mil

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
LIGHTING, OUTSIDE

SITE AND BLDG #:

Pa. 171-01

LOCATION/RM #:

MEP

WO# 8041

ASSET # 7366

MECHANIC  
SIGNATURE:

START TIME:

10:15

DATE:

3/13/18

FINISH TIME: 10:30

| ITEM<br>NUMBER                             | CHIEF POINT DESCRIPTION  | TASK COMPLETION                     |                                     | NOTES/ACTIONS<br>(DETAILED COMMENTS OR LEGENDS TO 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. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 2  | Schedule and coordinate work with operating personnel.   | <input checked="" type="checkbox"/> | <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"/> | <input checked="" type="checkbox"/> |  |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |  |                                     |                                     |  |
| 1  | Open and tag switch.   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 2  | Inspect visual condition of wiring. Look for evidence of overheating.  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 3  | Check for proper light operation.  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 4  | Test operation of automatic switches/ time clock/ photocells if applicable.  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 5  | Inspect light pole and mounting devices for deficiencies.  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 6  | For any noted deficiency, takes pictures and open corrective maintenance ticket.   | <input checked="" type="checkbox"/> | <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:

13  
pc

1 Light Right Rear Corner

15 Blinking on + off