

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: PA 121

Date of Visit: 3/13/19

Contractor Personnel on Site:

1. Joey Luzzo
2. Jim Geertsen
3. Scott Luzzo

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: [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: Kevin Hoover WLO9

Date: 20190313

Signed: [Signature]

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: Pe 171

Date of Visit: 3/13/17

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Tom Garry</u> | 4. _____ |
| 2. <u>Jim George</u> | 5. _____ |
| 3. <u>Scott Henry</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>7554</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: Kevin Hoover W609 Date: 20190203

Signed: [Signature]

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

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

Pa 171-01

LOCATION/RM #:

MEP WO# 5041

ASSET # 7366

MECHANIC

SIGNATURE:

[Signature]

DATE:

3/13/18

START TIME:

10:15

FINISH TIME:

10:30

CHECK POINT	CHECK/DESCRIPTION	PASS/COMPLIANCE		NOTES/ACTIONS (IF PASSING, CHECKED OFF; IF NOT, PROVIDE EXPLANATION)
		YES	NO	
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.	<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
is Blinking on 1 off