

CERTIFICATION OF WORK

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

FACID/Building: PA171

Date of Visit: 4/11/19

Contractor Personnel on Site:

1. Tony Lazaros
2. Scott Waring
3. Gary Beitzel

4. _____
5. _____
6. _____

Work Performed:

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

1. 8261
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Gary Beitzel

Date: 4-11-19

Signed: Gary Beitzel

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 WL-09

Date: 20190411

Signed: K Hoover

E-Mail:

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

FACID/Building: PA171 Date of Visit: 4/11/19

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>8340</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Gary Beitzel Date: 4-11-19

Signed: Gary Beitzel

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 WL-09 Date: 20190411

Signed: K Hoover

F-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #: Pa 171
LOCATION/RM #: Locker WO# 8340 ASSET # 7417

MECHANIC SIGNATURE: [Signature] DATE: 4/11/18
START TIME: 1045 FINISH TIME: 1100

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETION | | NOTES/ACTIONS (If task is not completed, 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"/> | |
| 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 EACH INSPECTION SERVICE | | | | |
| | 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:

13 Pa
work with over ride

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #:

Pc 171

MECHANIC

SIGNATURE:

Harry Bertha

DATE:

4/11/19

LOCATION/RM #:

MC 1

WO#

834c

ASSET #

7432

START TIME:

1100

FINISH TIME:

1105

| CHECK POINT | CHECK/DESCRIPTION | TASK COMPLETION | | NOTES/ ACTIONS (If task is not completed, 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. | / | / | |
| 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. | / | / | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 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:

Pc 4 Item
 works with overalls