

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: Pa 193 Date of Visit: 8/13/19

Contractor Personnel on Site:

- |                       |          |
|-----------------------|----------|
| 1. <u>Tony Corrao</u> | 4. _____ |
| 2. <u>Jim Gersten</u> | 5. _____ |
| 3. _____              | 6. _____ |

Work Performed:

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

- |                 |       |
|-----------------|-------|
| 1. <u>10438</u> | _____ |
| 2. _____        | _____ |
| 3. _____        | _____ |
| 4. _____        | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Corrao Date: 8/13/19  
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: K. Myslinski Date: 8/13/19  
Signed: K. Myslinski

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

FACID/Building: P. 123

Date of Visit: 8/13/19

Contractor Personnel on Site:

1. Tony Lozano  
2. Jim Leers  
3. \_\_\_\_\_

4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

Work Performed:

Other Recurring Services

1. 10309  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Lozano

Date: 8/13/19

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: K. Myslinski

Date: 8/13/19

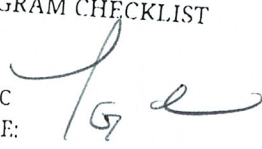
Signed: K. Myslinski

E-Mail: \_\_\_\_\_

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST TIME CLOCK, LIGHTING

SITE AND BLDG #:

Pc 183

MECHANIC  
SIGNATURE:


LOCATION/RM #:

A. 5

WO#

10438

ASSET #

7352

START TIME:

9:00

DATE:

8/13/15

FINISH TIME:

2:00

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, 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.
- 2 Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.



- 1 Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.



- 2 Check physical connections.



- 3 Verify the timeclock configuration, ensure proper operation.



- 4 If applicable, check battery and replace as needed.



Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For 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:

Photo Cell

2 Pc