

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**LIGHTNING PROTECTION (PER DOWN CONDUCTOR)**

**SITE AND BLDG #:** PA166-00001

**MECHANIC SIGNATURE:** *Jeffrey J. Hall* **DATE:** 03-12-2019

**LOCATION/RM #:** WO# 7510 ASSET # 7297

**START TIME:** 8:30 **FINISH TIME:** 9:00

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	During the first inspection, check that:					
	a) All air terminals (lightning rods) are interconnected.					
	b) At least two down conductors are installed with their own ground connection.		<input checked="" type="checkbox"/>			
1	Inspect air terminals for corrosion and rigid attachment to structure.		<input checked="" type="checkbox"/>			
2	Examine conductors and all connections for corrosion, strong mechanical joints which provide good electrical conductivity, and loose or broken fasteners.		<input checked="" type="checkbox"/>			
3	Check for loops, sharp bends (less than 8" radius) and frayed horizontal and vertical conductors.		<input checked="" type="checkbox"/>			
4	Check for damaged guards and down conductors.		<input checked="" type="checkbox"/>			
5	Inspect grounding attachment for permanency and corrosion (if practical).		<input checked="" type="checkbox"/>			
6	Test resistance to ground for each down conductor.		<input checked="" type="checkbox"/>			
7	Clean up work area and remove debris.		<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:

*JK*

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: PA166-00001

Date of Visit: 03-12-2019

Contractor Personnel on Site:

1. Jeff Galamb
2. Gene Lutz
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work Performed:**

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

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

**Inspection, Testing, and Certification**

1. Inspect Lightning Protection System
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Other Recurring Services**

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

**Service Calls** – Service Call Number and Description

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

ATTACHMENT J-0200000-05  
FORMS

**Over and Above Repair Work – Order Number and Description of Work Completed**

## **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jeffrey L Galamb

Date: 03-12-2019

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: *Timothy S.*

Date: 12 MAR 19

Signed:

E-Mail: