

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

SITE AND BLDG #: USMC OMS BUILDING 194-02
LOCATION/RM #: WO# 7526 **ASSET #** 7313

MECHANIC

SIGNATURE:  **DATE:** 03-11-2019

START TIME: 8:30 **FINISH TIME:** 8:45

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	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.	x			
1	Inspect air terminals for corrosion and rigid attachment to structure.	x			
2	Examine conductors and all connections for corrosion, strong mechanical joints which provide good electrical conductivity, and loose or broken fasteners.	x			
3	Check for loops, sharp bends (less than 8" radius) and frayed horizontal and vertical conductors.	x			
4	Check for damaged guards and down conductors.	x			
5	Inspect grounding attachment for permanency and corrosion (if practical).		x		
6	Test resistance to ground for each down conductor.		x		
7	Clean up work area and remove debris.	x			

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:



ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: USMC OMS

Date of Visit: 03/11/2019

Contractor Personnel on Site:

- | | |
|----------------|----------|
| 1. Gene Lutz | 4. _____ |
| 2. Jeff Galamb | 5. _____ |
| 3. _____ | 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. _____

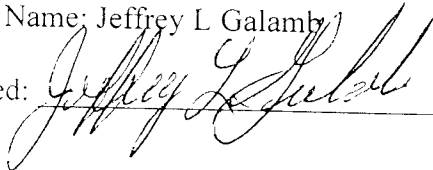
Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

To be signed by the Contractor:

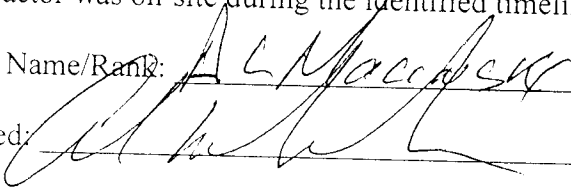
Print Name: Jeffrey L Galambos

Date 03/11/2019

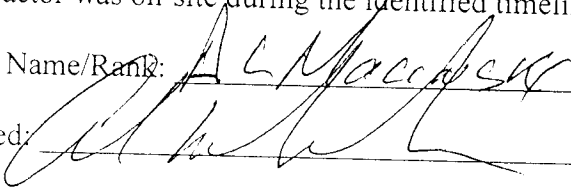
Signed: 

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: 

Date: 3/13/19

Signed: 

E-Mail: _____