

CERTIFICATION OF WORK

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

FACID/Building: WU 041

Date of Visit: 3/25/19

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Tony Lorenz</u>  | 4. _____ |
| 2. <u>Jim Geerhens</u> | 5. _____ |
| 3. <u>Scott Wern</u>   | 6. _____ |

Work Performed:

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

- |                |       |
|----------------|-------|
| 1. <u>7755</u> | _____ |
| 2. <u>7981</u> | _____ |
| 3. <u>7837</u> | _____ |
| 4. <u>8008</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geerhens Date: 3-25-19

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: Julia L. Bauer Date: 20190325

Signed: Julia L. Bauer

E-Mail:

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

FACID/Building: WU041

Date of Visit: 3/25/19

Contractor Personnel on Site:

1. Tony Lorenz
2. Jim Geertgens
3. Scott Werry

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

Work Performed:

Other Recurring Services

1. 7423
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens

Date: 3-25-19

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: Selia L Barr

Date: 2019 03 25

Signed: \_\_\_\_\_

F-Mail:

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #: WV 041-02MECHANIC  
SIGNATURE: *[Signature]*DATE: 3/25/19LOCATION/RM #: MEP WO# 7223 ASSET # 2972START TIME: 0600FINISH TIME: 0615

CHECKS POINT	CHECK/DESCRIPTION	PASS/COMPLETE		NOTES/ACTIONS (If not completed, check box to provide explanation)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.		/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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, takes 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:

*g R Double*