

CERTIFICATION OF WORK

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

FACID/Building: WV041

Date of Visit: 8-22-19

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Jim Geertgens</u> | 4. _____ |
| 2. <u>Scott Wexley</u>  | 5. _____ |
| 3. _____                | 6. _____ |

Work Performed:

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

- |                 |       |
|-----------------|-------|
| 1. <u>10196</u> | _____ |
| 2. <u>10433</u> | _____ |
| 3. <u>10243</u> | _____ |
| 4. <u>10467</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 8-22-19

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. Barr Date: 20190822

Signed: Julia L. Barr

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

FACID/Building: WV 001 -02

Date of Visit: \_\_\_\_\_

Contractor Personnel on Site:

- |                       |          |
|-----------------------|----------|
| 1. <u>Jim Geelgus</u> | 4. _____ |
| 2. <u>Scott Werki</u> | 5. _____ |
| 3. _____              | 6. _____ |

Work Performed:

Other Recurring Services

- |                 |       |
|-----------------|-------|
| 1. <u>10324</u> | _____ |
| 2. _____        | _____ |
| 3. _____        | _____ |
| 4. _____        | _____ |

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jim Geelgus Date: 8-22-19

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. Barr Date: 20190822

Signed: [Signature]

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**LIGHTING, OUTSIDE**

SITE AND BLDG #: WV 891 -02  
 LOCATION/RM #: MEP WO# 10084 ASSET # 2472

MECHANIC SIGNATURE: [Signature] DATE: 2/22/19  
 START TIME: 545 FINISH TIME: 600

ITEM NO.	DESCRIPTION	CHECKS (Circled in blue)		NOTES/EXCEPTIONS
		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 (C)				
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      PC