

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: WV0503

Date of Visit: 3/25/19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Tony Lewis</u> | 4. _____ |
| 2. <u>Jim Greengard</u> | 5. _____ |
| 3. <u>Scott Werry</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------------|
| 1. <u>7730</u> | <u>7783</u> |
| 2. <u>7765</u> | <u>7949</u> |
| 3. <u>8023</u> | <u>7732</u> |
| 4. <u>7734</u> | _____ |

CERTIFICATION OF WORK

BK

To be signed by the Contractor:

Print Name: Jim Greengard 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: Don Shawyer Date: 25 MAR 19

Signed: [Signature]

E-Mail:

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

FACID/Building: WV 053-01

Date of Visit: 3/25/19

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Tony Luzzo</u> | 4. _____ |
| 2. <u>Jim Georges</u> | 5. _____ |
| 3. <u>Scott Werry</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>7548</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

OK

To be signed by the Contractor:

Print Name: Jim Georges 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: Don Shoultz Date: 25 MAR 19

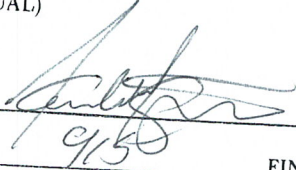
Signed: 

F-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST CHILLER CONTROL PANEL (ANNUAL)

ACTIVITY AND BLDG #: WU053 -01

MECHANIC

SIGNATURE: 

DATE: 3/21/19

LOCATION: Baker West 8023 Asset # 8280

START TIME: 9:50

FINISH TIME: 9:25

CHECK POINT	CHECK POINT DESCRIPTION	TASK COMPLETION		NOTES/REMARKS
		YES	NO	
PRELIMINARY 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	Read and understand the manufacturer's instructions before making any adjustments or calibrations.		/	
4	Schedule work with operating personnel, as needed.		/	
5	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	/		
6	Ensure appropriate site personnel are notified that alarms that may result from testing and to disregard them until testing is completed.	/		
7	Replace defective control safeties (as work order) found while performing preventive maintenance.		N/A	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Clean and calibrate all controlling instruments (temperature and pressure transducers, etc.) in accordance with manufacturer's instructions and maintenance standard.	/		
2	Check and clean all electrical contacts and pneumatic orifices.	/		
3	Check pneumatic tubing for leaks or damage. Repair or replace as required.		N/A	
4	Check for bad indicator lights and gauges and replace as necessary.		N/A	
5	Test all controllers and set at proper set points.		N/A	
6	Check operating data and analyze for proper operation. Note unusual conditions such as compressor surge on maintenance log.		N/A	

Note: The Contractor shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence.
Checklist compiled in accordance with:

- General Services Administration (GSA) Public Building Service. 2012. *Public Buildings Maintenance Standards Final*. October 1.
- Original equipment manufacturers (OEM) documentation for exact or similar assets, which can be located at (Provide Link to OEM Manual/Asset Library)

Additional Notes:

BK

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #: WU 053 - 01LOCATION/RM #: 605 WO# 8023 ASSET # 7393MECHANIC SIGNATURE: [Signature] DATE: 3/6/19START TIME: 6:45AM FINISH TIME: 7:00AM

CHECK POINT	CHECKPOINT DESCRIPTION	COMPLETION		NOTES/ACTIONS (If Deficiency Identified, Provide Explanation)
		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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Schedule and coordinate work with operating personnel.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Open and tag switch.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Check for proper light operation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>	<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:

3 R Taple

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #: WV 053-0)

MECHANIC
SIGNATURE: *[Signature]*

DATE: 3/25/19

LOCATION/RM #: *Parker* WO# 8423 ASSET # 7386

START TIME: 6:45 AM

FINISH TIME: 7:00 AM

CHECK POINT	DEFICIENCY DESCRIPTION	TASK COMPLETION		NOTES/ACTIONS (If task is not completed, provide explanation)
		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				
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:

4 R Double

Bath Wiper on all 3 lights in parking lot
out

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #: 65083 - 04

MECHANIC
SIGNATURE: *[Signature]*

DATE: 3/25/13

LOCATION/RM #: Parkers WO# 8023 ASSET # 7412

START TIME: 6:45 A.M.

FINISH TIME: 7:00 A.M.

CHECK POINT	DESCRIPTION	BASE COMPLIANCE		NOTES/ACTIONS (If not in compliance, check box and provide explanation)
		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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Schedule and coordinate work with operating personnel.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
4	Open and tag switch.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Check for proper light operation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
9	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>	<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:

9 R Sinsle

1 005 Coming up Drive on