

SERVICE CALL CERTIFICATION OF WORK

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

FACID/Building: ND 016 Date of Visit: 10-16-18

Contractor Personnel on Site:

- | | |
|-----------------------------|-----------------------|
| 1. <u>Jim Moltz</u> | 4. <u>Brian Davis</u> |
| 2. <u>Ronald Montrose</u> | 5. _____ |
| 3. <u>Patrick Davenport</u> | 6. _____ |

Work Performed:

Service Calls – Service Call Number and Description

- | | |
|-----------------------------|--|
| 1. CSS# _____ | WO# <u>1846 5935 + 5960</u> |
| 2. Description of repairs : | Asst # <u>2018 + 1457</u> |

Valve Over for winter and Prepare
Boiler for inspection and for season

CERTIFICATION OF WORK

Done

To be signed by the Contractor:

Print Name: JAMES R MOLTZ Date: 10-16-18

Signed: *[Signature]*

To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: X Jeshya S. Contreras, SUT Date: _____

Signed: X *[Signature]*, SUT

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **LIGHTING, OUTSIDE**

SITE AND BLDG #: Upper Marlboro 4D016 **MECHANIC SIGNATURE:** [Signature] **DATE:** 10/16/18

LOCATION/RM #: Job 1st & 6th **WO#** 5966 **ASSET #** 1457 **START TIME:** 12:15 **FINISH TIME:** 12:40

CHECK POINT	CIRCUIT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS
		YES	NO	
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"/>		<u>Good</u>
2	Schedule and coordinate work with operating personnel.	<input checked="" type="checkbox"/>		<u>Good</u>
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"/>		<u>Good</u>
FOR DIRECT LABOR AND MATERIAL SERVICE				
1	Open and tag switch.	<input checked="" type="checkbox"/>		<u>Good</u>
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>		<u>Good</u>
3	Check for proper light operation.	<input checked="" type="checkbox"/>		<u>Good</u>
4	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>		<u>Good</u>
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>		<u>Good</u>
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<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: