

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

FACID/Building: P0017

Date of Visit: 12/20/18

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Geertgens
3. Scott Werny
4. Ronnie Superior
5. _____
6. _____

Work Performed:

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

1. 6553
2. 6682
3. 6605
4. 6741

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 12-20-18

Signed: Jim Geertgens

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: Leslie Linda Date: 12/20/18

Signed: Leslie Linda

E-Mail:

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

FacID/Building: Pr017-01 Date of Visit: 12/20/18

Contractor Personnel on Site:

- | | |
|-------------------------|--------------------------|
| 1. <u>Tom Lorenz</u> | 4. <u>Frank Imparato</u> |
| 2. <u>Jim Geertgens</u> | 5. _____ |
| 3. <u>Scott Wern</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | |
|----------------|
| 1. <u>6500</u> |
| 2. _____ |
| 3. _____ |
| 4. _____ |

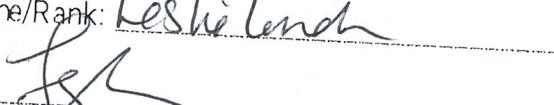
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 12-20-18
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: Leslie Lendh Date: 12/20/18
Signed: 

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: PA 017-01

LOCATION/RM #: PKG LOT WO# 6500 ASSET # 7468

MECHANIC
SIGNATURE: *John A. Aut*

DATE: 12-1-18

START TIME: 7:30 PM

FINISH TIME: 7:48 PM

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		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.		✓	
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.		N/A	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Open and tag switch.			
2	Inspect visual condition of wiring. Look for evidence of overheating.	✓	N/A	
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:

*6 PC FLOOD LITE, POLE MOUNT ALUM LED PHOTOCELL
ON FIXTURE*

1 LITE OUT IN CORNER, REAR OF LOT