

CERTIFICATION OF WORK

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

FACID/Building: PAS20-01402 Date of Visit: 12/20/18

Contractor Personnel on Site:

- | | |
|------------------------|-----------------------|
| 1. <u>Tom Lorenus</u> | 4. <u>Frank Soper</u> |
| 2. <u>Jim Geertsen</u> | 5. _____ |
| 3. <u>Scott Werry</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>6692</u> | _____ |
| 2. <u>6599</u> | _____ |
| 3. <u>6723</u> | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: TIMOTHY S PETERS Date: 20 DEC 18

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: P-020 - 01 Date of Visit: 12/20/18

Contractor Personnel on Site:

- | | |
|------------------------|--------------------------|
| 1. <u>Tony Lazaro</u> | 4. <u>Frank Sapoznik</u> |
| 2. <u>Jim Gertgens</u> | 5. _____ |
| 3. <u>Scott Wein</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>647R</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: Timothy S Peters Date: 20 Dec 18


Signed: [Signature]

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #:

PA 020-01

MECHANIC
SIGNATURE:


DATE: 12-1-18

LOCATION/RM #:



WO# 6475

ASSET #

7429

START TIME:

6:05 PM

FINISH TIME:

6:15 PM

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, 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.	NA	✓	
2	Schedule and coordinate work with operating personnel.	NA	✓	
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.	NA	NA	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Open and tag switch.	✓	NA	
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:

1 PC FLOOD SITE, POLE MOUNT ALUM LED
 PHOTOCELL