

CERTIFICATION OF WORK

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

FACID/Building: PA 079

Date of Visit: 12/19/18

Contractor Personnel on Site:

- | | |
|-------------------------|--------------------------|
| 1. <u>Tony Czapaj</u> | 4. <u>Frank Sapiezko</u> |
| 2. <u>Jim Goetzgens</u> | 5. _____ |
| 3. <u>Scott Werry</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------------|
| 1. <u>6514</u> | <u>6718</u> |
| 2. <u>6577</u> | _____ |
| 3. <u>6726</u> | _____ |
| 4. <u>6602</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Goetzgens

Date: 12-19-18

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: Josh Sutton

Date: 19 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: PA 079-01 Date of Visit: 12/19/18

Contractor Personnel on Site:

- | | |
|-------------------------|--------------------------|
| 1. <u>Tony Luzzes</u> | 4. <u>Frank Superior</u> |
| 2. <u>Jim Goertgens</u> | 5. _____ |
| 3. <u>Scott Wemy</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>6463</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Goertgens Date: 12-19-18
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: Josh Sutton Date: 19 Dec 18
Signed: [Signature]

E-Mail:

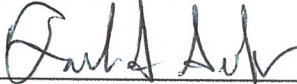
PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #:

PA079-01

MECHANIC

SIGNATURE:



DATE:

12-1-18

LOCATION/RM #:

~~PLG~~
 LOT

WO#

6463

ASSET #

7471

START TIME:

11:00 PM

FINISH TIME:

11:50 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.		✓	
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.		N/A	
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:

8 PC DOUBLE LITE , POLE MOUNT ALUM LED

* 1 SET OF DOUBLE LITES BY REARGATE HAS LEFT SIDE OUT

* 1 SET OF DOUBLE LITES BEHIND AMSA SHOP HAS RIGHT LITE OUT