

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

FACID/Building: PA087 - 01102

Date of Visit: 12/10/18

Contractor Personnel on Site:

- |                         |                          |
|-------------------------|--------------------------|
| 1. <u>Tony Lazzari</u>  | 4. <u>Frank Sapienza</u> |
| 2. <u>Jim Geertgens</u> | 5. _____                 |
| 3. <u>Scott Werry</u>   | 6. _____                 |

**Work Performed:**

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

- |                |             |
|----------------|-------------|
| 1. <u>6528</u> | <u>6719</u> |
| 2. <u>6575</u> |             |
| 3. <u>6686</u> |             |
| 4. <u>6603</u> |             |

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 12-10-18  
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: WOLFF, James T. C59 Date: 10 DEC 18  
Signed: James Wolff  
E-Mail: james.wolff.cw@mail...

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

FacID/Building: PA087-01 Date of Visit: 12/10/18

Contractor Personnel on Site:

1. Tony Lazzos
2. Jim Geertges
3. Scott Werry
4. Frank Sapienza
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

Other Recurring Services

1. 6483
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jim Geertges Date: 12-10-18  
Signed: Jim Geertges

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: Wolff, James T. 659 Date: 10 DEC 18  
Signed: James T. Wolff  
E-Mail: james.t.wolff.cwc.mil.mil

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
LIGHTING, OUTSIDE

SITE AND BLDG #: PA087-01  
LOCATION/RM #: PLUG LOT WO# 6483 ASSET # 7439

MECHANIC SIGNATURE: *John Adel* DATE: 12-1-18  
START TIME: 5:10PM FINISH TIME: 5:25PM

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.	✓	✓	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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:

2 PC FLOOD LITE, POLE MOUNT ALUM LED PHOTOCELL  
CONTACTS