

CERTIFICATION OF WORK

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

FACID/Building: PA 096

Date of Visit: 12/20/18

Contractor Personnel on Site:

1. Tony Caruso
2. Jim Geertman
3. Scott Berry

4. Frank Sapienza
5. _____
6. _____

Work Performed:

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

1. 6534
2. 6568
3. 6638
4. 6593

6737

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertman

Date: 12-21-18

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: Michael Morrison Date: 12-21-18

Signed: [Signature]

E-Mail: Mitchel.W.Morrison.mil@mail

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

FACID/Building: P 096-01

Date of Visit: 12/21/18

Contractor Personnel on Site:

- | | |
|-------------------------|-------------------------|
| 1. <u>Tony Cruz</u> | 4. <u>Rene Sapienza</u> |
| 2. <u>Jim Geertgens</u> | 5. _____ |
| 3. <u>Scott Wern</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>6486</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 12-21-18

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: Mitchel Morrison Date: 12-21-18

Signed: [Signature]

E-Mail: Mitchel W. Morrison.mil@mail.mil

CERTIFICATION OF WORK

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

FACID/Building: PA 096-01

Date of Visit: 12/21/18

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | | | | |
|----|---|----------------------|-------------------|
| 1. | <u>Asset # 6521 is New New for Water Tank</u> | | |
| 2. | <u>Installed by McKamish</u> | | |
| 3. | <u>Model # BTR - 197 118</u> | | |
| 4. | <u>Serial # 1843112392956</u> | <u>Gas Filled</u> | <u>A.O. Smith</u> |
| | <u>Asset # 488P</u> | <u>Hot Water pan</u> | |
| | <u>Model # NBR 22</u> | | |
| | <u>Serial # 103252</u> | | |

Bell & Gossett

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

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: _____ Date: _____

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

Pc 096 -01

MECHANIC

SIGNATURE:

Gul A Gul

DATE: 12-22-18

LOCATION/RM #

MEP

WO# 6486

ASSET #

7443

START TIME:

7:00AM

FINISH TIME:

7:10AM

CHECK POINT	DEFICIENCY/DESCRIPTION	DEFICIENCY/DESCRIPTION		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.		✓	
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.		✓	
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 Singh

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

PA 096-01

LOCATION/RM #:

ME1

WO# 6486

ASSET # 7461

MECHANIC

SIGNATURE



DATE:

12/21/18

START TIME:

6:50AM

FINISH TIME:

7:00AM

CHECK POINT	DESCRIPTION/INSTRUCTIONS	COMPLETION		NOTES/ACTIONS
		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.		✓	
TO BE PERFORMED BY/ON INSPECTION SERVICE				
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:

5 PC Double