

CERTIFICATION OF WORK

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

FACID/Building: PR017 Date of Visit: 2/28/19

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Tony Lorenus</u> | 4. _____ |
| 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>7389</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsen Date: 2-27-19

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: Leslie London Date: 2/28/19

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: P0017-01

Date of Visit: 2/28/19

Contractor Personnel on Site:

- | | | | |
|----|---------------------|----|-------|
| 1. | <u>Tony Gomez</u> | 4. | _____ |
| 2. | <u>Jim Geertman</u> | 5. | _____ |
| 3. | <u>Scott Werry</u> | 6. | _____ |

Work Performed:

Other Recurring Services

- | | | |
|----|-------------|--|
| 1. | <u>7239</u> | |
| 2. | _____ | |
| 3. | _____ | |
| 4. | _____ | |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertman Date: 2-27-19

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: Leshi Lind Date: 2/28/19

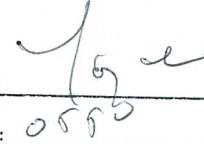
Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

P 017 - 01

MECHANIC
SIGNATURE:


DATE:

2/28/19

LOCATION/RM #:

MEP

WO#

7334

ASSET #

7460

START TIME:

0550

FINISH TIME:

0600

CHECKS POINT	CHECK/ROUTINE DESCRIPTION	PASS/COMPLY/NOTE		NOTES/ACTIONS (If not completed, check box and provide explanation)
		YES	NO	
SPECIAL INSTRUCTIONS				
	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 AT EACH 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:

6 PC

Back Left Corner out