

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

FACID/Building: PC 017 Date of Visit: 2/28/19

Contractor Personnel on Site:

| | |
|------------------------|----------|
| 1. <u>Tony Georges</u> | 4. _____ |
| 2. <u>Jim Gertsey</u> | 5. _____ |
| 3. <u>Scott Wray</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:

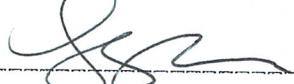
Print Name: Jim Georges Date: 2-27-19

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: Leslie London Date: 2/28/19

Signed: 

E-Mail: _____

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

FacID/Building: 14017-01 Date of Visit: 2/28/19

Contractor Personnel on Site:

| | | | |
|----|---------------------|----|--|
| 1. | <u>Tony Lazzari</u> | 4. | |
| 2. | <u>Jim Geertgen</u> | 5. | |
| 3. | <u>Scott Werry</u> | 6. | |

Work Performed:

Other Recurring Services

| | |
|----|-------------|
| 1. | <u>7339</u> |
| 2. | |
| 3. | |
| 4. | |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgen 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 Ladd Date: 2/28/19

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: *Pr 017-101*LOCATION/RM #: *MEP* WO# *7334* ASSET # *7460*MECHANIC
SIGNATURE: *J. G. S.*DATE: *2/28/19*START TIME: *0555*FINISH TIME: *0600*

| CITI/PROC ROUTINE | CITI/CITI/ROUTINE DESCRIPTION | TASK COMPLETED | | NOTES/ACTIONS (INCLUDE COMPLETED DATE, GIVE EXPLANATION) |
|--|--|----------------|----------|---|
| | | YES | NO | |
| | 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. | | <i>✓</i> | |
| 2 | Schedule and coordinate work with operating personnel. | | <i>✓</i> | |
| 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. | | <i>✓</i> | |
| SPECIAL INSTRUCTIONS | | | | |
| NOTES/PERFORMED DATE/ATTACH INSPECTION SERVICE | | | | |
| 1 | Open and tag switch. | | <i>✓</i> | |
| 2 | Inspect visual condition of wiring. Look for evidence of overheating. | | <i>✓</i> | |
| 3 | Check for proper light operation. | | <i>✓</i> | |
| 4 | Test operation of automatic switches/ time clock/ photocells if applicable. | | <i>✓</i> | |
| 5 | Inspect light pole and mounting devices for deficiencies. | | <i>✓</i> | |
| 6 | For any noted deficiency, takes pictures and open corrective maintenance ticket. | | <i>✓</i> | |

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**Brock Left corner out*