

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: Ph 042

Date of Visit: 2/11/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Tom Geertgens
3. Scott Weller
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work Performed:**

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

1. 7371
2. 7446
3. \_\_\_\_\_
4. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Tom Geertgens Date: 2-11-19

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: April Neiderhiser/SFC Date: 20190211

Signed: April Neiderhiser

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

FacID/Building: Pa 042 Date of Visit: 2/11/19

Contractor Personnel on Site:

1. Tooy Larenz
2. J.m Geotjen
3. Scfl wsm
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

Other Recurring Services

1. 7323
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

---

**CERTIFICATION OF WORK**

---

To be signed by the Contractor:

Print Name: Suz Geotjen Date: 2-11-19  
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: April Neiderhiser Date: 20190211  
Signed: April neiderhiser

E-Mail: April.d.neiderhiser.mil@mail.mil

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**LIGHTING, OUTSIDE**

SITE AND BLDG #: *Pa 042 -01*LOCATION/RM #: *park 11* WO# *7323* ASSET # *2448*MECHANIC  
SIGNATURE: *Scott H. DeWitt*DATE: *2/1/13*START TIME: *6:00 AM*FINISH TIME: *6:15 AM*

CHECKPOINT	CHECKPOINT DESCRIPTION	HAS THIS BEEN CHECKED		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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Schedule and coordinate work with operating personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Open and tag switch.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Check for proper light operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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:

*3 P*

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**GATES, FENCES, SECURITY AND ACCESS**

SITE AND BLDG #: *Pr 042-01*LOCATION/RM #: *MEP*WO# *7323*ASSET # *7571*MECHANIC  
SIGNATURE  
*John L. Miller*DATE: *2/11/13*START TIME: *1030*FINISH TIME: *1040*

ITEMS	DESCRIPTION	TASK COMPLETED	NOTES/EXCLUSIONS	TO BE PERFORMED AT EACH INSPECTION SERVICE	
				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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NOTES: <i>None</i>	
2	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NOTES: <i>None</i>	
3	Inspect all pivot points, hinges, latches, etc. Apply lubricant where needed, wiping off excess.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NOTES: <i>None</i>	
4	Check all locking devices. Lubricate as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NOTES: <i>None</i>	
5	Inspect center gate support rollers and lubricate as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NOTES: <i>None</i>	
6	Clean roller track of any debris.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NOTES: <i>None</i>	
7	Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NOTES: <i>None</i>	
8	Check for any obstructions that retard full swing or movement of the gate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NOTES: <i>None</i>	
9	Check that shrubs and trees are pruned clear of gate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NOTES: <i>None</i>	
10	Check hold open devices for proper operation. Lubricate as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NOTES: <i>None</i>	
11	Check posts and corner posts, support guys, and horizontal bars between each support post.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NOTES: <i>None</i>	
12	Check wire and anchor point, re-stretch and re-anchor if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NOTES: <i>None</i>	
13	Inspect fence anchors along the bottom of the fence and at the point where the fence is connected to the post.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NOTES: <i>None</i>	
14	Treat with galvanized protectant where rust has developed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NOTES: <i>None</i>	
15	If approved, apply weed control along entire base of fence. Consult the Safety Data Sheets (SDS) for hazardous ingredients and proper personal protective equipment (PPE).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NOTES: <i>None</i>	
16	Check that shrubs and trees are pruned clear of fencing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NOTES: <i>None</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:

*1 R Standing*

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**GATES, FENCES, SECURITY AND ACCESS**

SITE AND BLDG #: *Pr 082-01*LOCATION/RM #: *MEP*WO# *7393*ASSET # *7572*MECHANIC  
SIGNATURE: *John G. G.*DATE: *2/11/13*FINISH TIME: *1050*

#	DESCRIPTION	SPECIAL INSTRUCTIONS	PERFORMED DATE	INSPECTION SERVICE
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.			
2	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	Inspect all pivot points, hinges, latches, etc. Apply lubricant where needed, wiping off excess.			
2	Check all locking devices. Lubricate as required.			
3	Inspect center gate support rollers and lubricate as required.			
4	Clean roller track of any debris.			
5	Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary.			
6	Check for any obstructions that retard full swing or movement of the gate.			
7	Check that shrubs and trees are pruned clear of gate.			
8	Check hold open devices for proper operation. Lubricate as required.			<i>NA</i>
1	Check posts and corner posts, support guys, and horizontal bars between each support post.			
2	Check wire and anchor point; re-stretch and re-anchor if necessary.			
3	Inspect fence anchors along the bottom of the fence and at the point where the fence is connected to the post.			
4	Treat with galvanized protectant where rust has developed.			
5	If approved, apply weed control along entire base of fence. Consult the Safety Data Sheets (SDS) for hazardous ingredients and proper personal protective equipment (PPE).			
6	Check that shrubs and trees are pruned clear of fencing.			

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:

*(* *R* *SL-DR*)