

CERTIFICATION OF WORK

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

FACID/Building: Pr 042

Date of Visit: 2/11/19

Contractor Personnel on Site:

1. Toy Lorenz
2. Jim Geertgens
3. Scott Warr

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: Jim 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: Po 042 Date of Visit: 2/11/19

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Tom Lazaro</u> | 4. _____ |
| 2. <u>Jim Gentjen</u> | 5. _____ |
| 3. <u>Scott Worley</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>7323</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gentjen Date: 2-11-19

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: April Neiderhiser Date: 20190211

Signed: April Neiderhiser

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

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

~~TIME CLOCK, LIGHTING~~

Photo CELL

MECHANIC
SIGNATURE:

DATE:

2/11/19

TE AND BLDG #:

R 042-02

LOCATION/RM #:

GMS

WO#

2146

ASSET #

7328

START TIME:

1120

FINISH TIME:

1130

CHECKPOINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		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	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	Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.			
2	Check physical connections.			
3	Verify the timeclock configuration, ensure proper operation.			
4	If applicable, check battery and replace as needed.			

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

1 R photo CELL