

CERTIFICATION OF WORK

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

FACID/Building: PA 051 -184

Date of Visit: 2/12/19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Tony Lazzari</u> | 4. _____ |
| 2. <u>Jim Greenberg</u> | 5. _____ |
| 3. <u>Scott Barry</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>7354</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Greenberg Date: 2-12-19
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: Joe ULERY SGT Date: 20190212
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: P. 051 - 194

Date of Visit: 2/12/19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Tony Lazarus</u> | 4. _____ |
| 2. <u>Jim Geertsema</u> | 5. _____ |
| 3. <u>Scott Wern</u> | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>7291</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsema Date: 2-12-1

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: Joe ULERY SGT Date: 20190212

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST TIME CLOCK, LIGHTING

TE AND BLDG #: P 051 - 194 MECHANIC SIGNATURE: *[Signature]* DATE: 2/12/18
LOCATION/RM #: WO# 7354 ASSET # 7323 START TIME: 1020 FINISH TIME: 1050

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:

Photo Cell

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST TIME CLOCK, LIGHTING

TE AND BLDG #:

P 057-199

MECHANIC
SIGNATURE:

[Signature]

DATE:

2/12/18

LOCATION/RM #:

WO# 7384

ASSET # 7349

START TIME:

1020

FINISH TIME:

1050

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.		<input checked="" type="checkbox"/>	
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"/>	
1	Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.		<input checked="" type="checkbox"/>	
2	Check physical connections.		<input checked="" type="checkbox"/>	
3	Verify the timeclock configuration, ensure proper operation.		<input checked="" type="checkbox"/>	
4	If applicable, check battery and replace as needed.		<input checked="" 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 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:

Photo Cell