

CERTIFICATION OF WORK

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

FACID/Building: P077 Date of Visit: 2/2/19

Contractor Personnel on Site:

- |                      |          |
|----------------------|----------|
| 1. <u>Tom Gerner</u> | 4. _____ |
| 2. <u>Jim Gerner</u> | 5. _____ |
| 3. <u>Scott Wern</u> | 6. _____ |

Work Performed:

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

- |                |       |
|----------------|-------|
| 1. <u>7377</u> | _____ |
| 2. _____       | _____ |
| 3. _____       | _____ |
| 4. _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gerner Date: 2-21-19

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: TIMOTHY S PETERS Date: 21 FEB 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: P2079 Date of Visit: 2/21/19

Contractor Personnel on Site:

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

Work Performed:

Other Recurring Services

- |                |       |
|----------------|-------|
| 1. <u>7297</u> | _____ |
| 2. _____       | _____ |
| 3. _____       | _____ |
| 4. _____       | _____ |

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jim Geronzi Date: 2-21-19

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: TIMOTHY S PETERS Date: 21 FEB 19

Signed: 

E-Mail: \_\_\_\_\_

CERTIFICATION OF WORK

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

FACID/Building: P028-01

Date of Visit: 2/21/19

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Tony Gzarus</u>   | 4. _____ |
| 2. <u>Jim Geertzen</u>  | 5. _____ |
| 3. <u>Scott Worring</u> | 6. _____ |

Work Performed:

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

- |                                    |                         |
|------------------------------------|-------------------------|
| 1. <u>Filter Change on Asset #</u> | <u>3129, 3133, 3145</u> |
| 2. _____                           | <u>3452</u>             |
| 3. _____                           | _____                   |
| 4. _____                           | _____                   |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertzen

Date: 2-21-19

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: TIMOTHY S PETERS

Date: 21 FEB 19

Signed: [Signature]

E-Mail: \_\_\_\_\_



CERTIFICATION OF WORK

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

FACID/Building: Pa 078-01

Date of Visit: 2/21/19

Contractor Personnel on Site:

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

Work Performed:

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

- |  |
|--|
| 1. <u>Asset # 3452 B REZNOV FURNACE in DRILL</u> |
| 2. <u>Hot Blower motor locked up.</u>            |
| 3. _____   |
| 4. _____   |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertman

Date: 2-21-19

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: TIMOTHY S PETERS

Date: 21 FEB 19

Signed: [Signature]

E-Mail:

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

P 079-01

MECHANIC

SIGNATURE:

DATE:

2/21/19

LOCATION/RM #:

MEB

WO#

7297

ASSET #

7471

START TIME:

6:45

FINISH TIME:

7:00

ITEM NO.	DESCRIPTION	COMPLETION		REMARKS/EXPLANATIONS
		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.		✓	
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.		✓	
<b>TO BE PERFORMED BY INSPECTION SERVICE</b>				
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, take 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:

E R Double

Left Light on Pole on Right of CMS OUT  
Right Light on Pole on Left of CMS OUT