

CERTIFICATION OF WORK

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

FACID/Building: Pr 16601

Date of Visit: 2/20/19

Contractor Personnel on Site:

- |                       |          |
|-----------------------|----------|
| 1. <u>Tommy Brown</u> | 4. _____ |
| 2. <u>Jim Granger</u> | 5. _____ |
| 3. <u>Scott Wear</u>  | 6. _____ |

Work Performed:

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

- |                |       |
|----------------|-------|
| 1. <u>7345</u> | _____ |
| 2. _____       | _____ |
| 3. _____       | _____ |
| 4. _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Granger

Date: 2-20-19

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 J. Peters

Date: 20 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: Pr 166-01 Date of Visit: 2/20/19

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Tony Corrales</u> | 4. _____ |
| 2. <u>Jim Gertsen</u>   | 5. _____ |
| 3. <u>Scott Weing</u>   | 6. _____ |

Work Performed:

Other Recurring Services

- |                |       |
|----------------|-------|
| 1. <u>7294</u> | _____ |
| 2. _____       | _____ |
| 3. _____       | _____ |
| 4. _____       | _____ |

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jim Gertsen Date: 2-20-19

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: 20 FEB 19

Signed: [Signature]

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

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST TIME CLOCK, LIGHTING

SITE AND BLDG #:

P. 166-01

MECHANIC

SIGNATURE:



DATE:

2/20/18

LOCATION/RM #:

WO#

7348

ASSET #

7318

START TIME:

7:15

FINISH TIME:

2:30

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		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

SITE AND BLDG #:

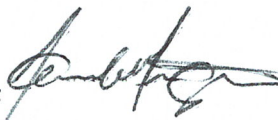
Pe 166-01

LOCATION/RM #:

WO# 7395

ASSET #

7346

MECHANIC  
SIGNATURE:


DATE:

2/28/18

START TIME:

7:15

FINISH TIME:

7:30

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		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.
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To be performed by: General Maintenance Worker

Additional Notes: