

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

FACID/Building: Pp 193

Date of Visit: 2/2/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Geertsema
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. 7394
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Lazarus Date: 2/2/19

Signed: Tony

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: K. Myshynski Date: 2-12-19

Signed: K. Myshynski

E-Mail:

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

FacID/Building: Bl 183-0 Date of Visit: 2/2/19

Contractor Personnel on Site:

1. Tony Grimes
2. Jim Carter
3. _____
4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 7092
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Grimes Date: 2/2/19
Signed: Tony

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: K. Myslinski Date: 2-12-19
Signed: K. Myslinski

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
TIME CLOCK, LIGHTING

SITE AND BLDG #: P-183-C1

MECHANIC
SIGNATURE: *Tor*

LOCATION/RM #: *Electrical* WO# 7391

DATE: 2/12/13

ASSET # 7350

START TIME: 0800

FINISH TIME: 0905

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE	NOTES/ ACTIONS	
			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 To be performed by: General Maintenance Worker

Additional Notes:

Photo Call