

## FORMS

## CERTIFICATION OF WORK

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

FACID/Building: MD DOB Date of Visit: 1/4/19

## Contractor Personnel on Site:

- |                         |                          |
|-------------------------|--------------------------|
| 1. <u>Tony Lozano</u>   | 4. <u>Frank Sapienza</u> |
| 2. <u>Jim Geertgens</u> | 5. _____                 |
| 3. <u>Scott Barry</u>   | 6. _____                 |

## Work Performed:

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

- |                |       |
|----------------|-------|
| 1. <u>6913</u> | _____ |
| 2. <u>6993</u> | _____ |
| 3. <u>7041</u> | _____ |
| 4. _____       | _____ |

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 1-4-19Signed: [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: Jesse Schutte ARA Date: 2019 01 04Signed: [Signature]

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

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

FACID/Building: MD 006 Date of Visit: 1/4/19

Contractor Personnel on Site:

- |                        |                        |
|------------------------|------------------------|
| 1. <u>Tony Lazzari</u> | 4. <u>Frank Soprin</u> |
| 2. <u>Jim Geertsen</u> | 5. _____               |
| 3. <u>Scott Weir</u>   | 6. _____               |

Work Performed:


Other Recurring Services

- |                |       |
|----------------|-------|
| 1. <u>6913</u> | _____ |
| 2. _____       | _____ |
| 3. _____       | _____ |
| 4. _____       | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertsen Date: 1-4-19

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: Jesse Schultz ARA Date: 20190104

Signed: 

E-Mail:

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #: MD 006 - C1

MECHANIC  
SIGNATURE: *Paul L. Lutz*

DATE: 1-3-19

LOCATION/RM #: *Relief* WO# 6913 ASSET # 7446

START TIME: 6:11 AM

FINISH TIME: 6:46 AM

CHECK POINT	CHECK/DESCRIPTION	PASS/COMPLIANCE		NOTES/ACTIONS (If not compliant, describe corrective action)
		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 AT EACH 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, takes 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:

3 pc. Rough



# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #: MD 006 -a1

MECHANIC

SIGNATURE: *Jim A. Laf*

DATE: 1-3-19

LOCATION/RM #:

WO#

6813

ASSET # 7457

START TIME:

6:16 AM

FINISH TIME:

6:20 AM

CHARGE NUMBER	CHARGE DESCRIPTION	BASIC COMPLIANCE		NOTES/REMARKS
		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 AT EACH INSPECTION VISIT</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, takes 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:

4 PC Paddle

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GATES, FENCES, SECURITY AND ACCESS

SITE AND BLDG #: MD 006 201

LOCATION/RM #: MEP WO# 6913

ASSET # 7575

MECHANIC  
SIGNATURE: *[Signature]*

DATE: 1/4/19

START TIME: 830

FINISH TIME: 845

GENERAL INSTRUCTIONS		TASKS COMPLETED		NOTES/REMARKS	
		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.				
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.				
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE:</b>					
<b>GATES</b>					
1	Inspect all pivot points, hinges, latches, etc. Apply lubricant where needed, wiping off excess.				
2	Check all locking devices. Lubricate as required.				
3	Inspect center gate support rollers and lubricate as required.				
4	Clean roller track of any debris.				
5	Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary.				
6	Check for any obstructions that retard full swing or movement of the gate.				
7	Check that shrubs and trees are pruned clear of gate.				
8	Check hold open devices for proper operation. Lubricate as required.				
<b>FENCES</b>					
1	Check posts and corner posts, support guys, and horizontal bars between each support post.				
2	Check wire and anchor point; re-stretch and re-anchor if necessary.				
3	Inspect fence anchors along the bottom of the fence and at the point where the fence is connected to the post.				
4	Treat with galvanized protectant where rust has developed.				
5	If approved, apply weed control along entire base of fence. Consult the Safety Data Sheets (SDS) for hazardous ingredients and proper personal protective equipment (PPE).				
6	Check that shrubs and trees are pruned clear of fencing.				

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:

*Tightening the chain*

*1 PC Auto more Slings*