

CERTIFICATION OF WORK

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

FACID/Building: PA 052-01,02 Date of Visit: 1-16-19

Contractor Personnel on Site:

- | | |
|----------------------------|----------|
| 1. <u>FRANCIS SAPIENZA</u> | 4. _____ |
| 2. <u>SCOTT WERRY</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:


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

- | |
|-------------------------------|
| 1. <u>#6949, #6938, #7030</u> |
| 2. _____ |
| 3. _____ |
| 4. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: FRANCIS SAPIENZA Date: 1-16-19

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: JAY Nudds / CW3 Date: 16 JAN 19

Signed: 

E-Mail: _____

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

FACID/Building: PA052-01 Date of Visit: 1-16-19

Contractor Personnel on Site:

- | | |
|----------------------------|----------|
| 1. <u>FRANCIS SAPIENZA</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |


Work Performed:

Other Recurring Services

- | | |
|-----------------|-------|
| 1. <u>#6910</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |


CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: FRANCIS SAPIENZA Date: 1-16-19
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: JAY NUDDS / CW3 Date: 16 JAN 19
Signed: 

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: PA 052-01
 LOCATION/RM #: PKGLOT WO# 6910 ASSET # 7442

MECHANIC SIGNATURE: G. A. Sub DATE: 1-11-19
 START TIME: 5:50 AM FINISH TIME: 6:00 AM

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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.		✓	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
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:

2 PC FLOOD LITE, POLE MOUNT WOOD METAL HALIDE